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| Fill in this information to identify your case: |                               |                                    |
|---|-------------------------------|------------------------------------|
| United States Bankruptcy Court for the:         |                               |                                    |
| DISTRICT OF NEW JERSEY                          | =                             |                                    |
| Case number (if known)                          | Chapter you are filing under: |                                    |
|   | ■ Chapter 7                   |                                    |
|   | ☐ Chapter 11                  |                                    |
|   | ☐ Chapter 12                  |                                    |
|   | ☐ Chapter 13                  | Check if this is an amended filing |

## Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

06/24

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par               | t 1: Identify Yourself   |  |   |
|-------------------|--|--|---|
|                   |  | About Debtor 1:                                | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. Your full name |  |  |   |
|                   | Write the name that is on your government-issued picture identification (for example, your driver's  | Ronald<br>First name                           | First name                                    |
|                   | license or passport).  | Middle name                                    | Middle name                                   |
|                   | Bring your picture identification to your meeting with the trustee.  | Wells Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |
| 2.                | All other names you have used in the last 8 years  |  |   |
|                   | Include your married or<br>maiden names and any<br>assumed, trade names and<br>doing business as names.                                    |  |   |
|                   | Do NOT list the name of<br>any separate legal entity<br>such as a corporation,<br>partnership, or LLC that is<br>not filing this petition. |  |   |
| 3.                | Only the last 4 digits of<br>your Social Security<br>number or federal<br>Individual Taxpayer<br>Identification number<br>(ITIN)           | xxx-xx-2378                                    |   |

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Debtor 1 Ronald Wells Case number (if known)

|   |                           | About Debtor 1:  | About Debtor 2 (Spouse Only in a Joint Case):  |  |
|---|---------------------------|--|--|--|
| 4. Your Employer Identification Number (EIN), if any. |                           |  |  |  |
|   | (Env), ii any.            | EIN  | EIN  |  |
| 5.  | Where you live            |  | If Debtor 2 lives at a different address:  |  |
|   |                           | 229 Shepard Ave, Apt BSMT  |  |  |
|   |                           | East Orange, NJ 07018  |  |  |
|   |                           | Number, Street, City, State & ZIP Code   | Number, Street, City, State & ZIP Code   |  |
|   |                           | Essex  |  |  |
|   |                           | County   | County   |  |
|   |                           | If your mailing address is different from the one  | If Debtor 2's mailing address is different from yours, fill it   |  |
|   |                           | above, fill it in here. Note that the court will send any notices to you at this mailing address.                    | in here. Note that the court will send any notices to this mailing address.  |  |
|   |                           | Number, P.O. Box, Street, City, State & ZIP Code   | Number, P.O. Box, Street, City, State & ZIP Code   |  |
| 6.  | Why you are choosing      | Check one:   | Check one:   |  |
| 0.  | this district to file for | Check one.   | Check one.   |  |
|   | bankruptcy                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |  |
|   |                           | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |  |
|   |                           |  |  |  |

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Debtor 1 Ronald Wells Case number (if known) Part 2: Tell the Court About Your Bankruptcy Case Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details How you will pay the fee about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. 9 Have you filed for No. bankruptcy within the last 8 years? ☐ Yes. Case number When Case number District When Case number District 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is ☐ Yes. not filing this case with you, or by a business partner, or by an affiliate? Debtor Relationship to you When District Case number, if known Debtor Relationship to you When Case number, if known District 11. Do you rent your Go to line 12. No. residence? ☐ Yes. Has your landlord obtained an eviction judgment against you? No. Go to line 12. Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of this bankruptcy petition.

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Debtor 1 Ronald Wells Case number (if known) Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time Go to Part 4. No. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code, and operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure are you a small business in 11 U.S.C. § 1116(1)(B). debtor? For a definition of small I am not filing under Chapter 11. No. business debtor, see 11 U.S.C. § 101(51D). I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy ■ No. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and ☐ Yes. I do not choose to proceed under Subchapter V of Chapter 11. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and ☐ Yes. I choose to proceed under Subchapter V of Chapter 11. Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs needed, why is it needed? immediate attention? For example, do you own perishable goods, or livestock that must be fed, Where is the property? or a building that needs urgent repairs? Number, Street, City, State & Zip Code

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Debtor 1 Ronald Wells Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

#### Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of                                |

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| 6: Answer These Questi                                | ions for R  | enorting Purnoses   |   |  |  |  |  |
|---|---|---|---|--|--|--|--|
|   |   | cporting raiposes   |   |  |  |  |  |
| What kind of debts do you have?                       | 16a.  | Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."  ☐ No. Go to line 16b.   |   |  |  |  |  |
|   |   | Yes. Go to line 17.   |   |  |  |  |  |
|   | 16b.  | Are your debts primarily business debts? Business debts are debts that you incurred to obtain   |   |  |  |  |  |
|   |   | money for a business or investment or through the operation of the business or investment.  |   |  |  |  |  |
|   |   | ☐ No. Go to line 16c.   |   |  |  |  |  |
|   | 160   |   | u owo that are not consumer debts or busine   | as debts   |  |  |  |
|   | 100.  | State the type of debts you   | d owe that are not consumer debts of busine   | 22 deni2   |  |  |  |
| Are you filing under<br>Chapter 7?                    | □ No.   | I am not filing under Chapt   | ter 7. Go to line 18.   |  |  |  |  |
| Do you estimate that after any exempt                 | Yes.  | I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?   |   |  |  |  |  |
| administrative expenses                               |   | No  |   |  |  |  |  |
| be available for distribution to unsecured creditors? |   | ☐ Yes   |   |  |  |  |  |
| How many Creditors do                                 | 1-49  |   | □ 1.000-5.000   | ☐ 25,001-50,000  |  |  |  |
| you estimate that you owe?                            |   |   | <b>5</b> 001-10,000   | <b>5</b> 0,001-100,000   |  |  |  |
|   |   |   | ☐ 10,001-25,000   | ☐ More than100,000   |  |  |  |
|   |   |   |   |  |  |  |  |
| estimate your assets to                               |   |   |   | ☐ \$500,000,001 - \$1 billion<br>☐ \$1,000,000,001 - \$10 billion  |  |  |  |
| be worth?   |   |   | □ \$50,000,001 - \$100 million  | □ \$10,000,000,001 - \$50 billion                                  |  |  |  |
|   | □ \$500,  | 001 - \$1 million   | □ \$100,000,001 - \$500 million   | ☐ More than \$50 billion   |  |  |  |
| How much do you                                       |   |   | ☐ \$1,000,001 - \$10 million  | □ \$500,000,001 - \$1 billion                                      |  |  |  |
| to be?  |   |   |   | □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion |  |  |  |
|   | `   |   | □ \$100,000,001 - \$500 million   | ☐ More than \$50 billion   |  |  |  |
| 7: Sign Below   |   |   |   |  |  |  |  |
| /ou   | I have ex   | camined this petition, and I c  | declare under penalty of perjury that the infor   | mation provided is true and correct.                               |  |  |  |
|   |   | I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, nited States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.   |   |  |  |  |  |
|   |   | no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this ocument, I have obtained and read the notice required by 11 U.S.C. § 342(b).  |   |  |  |  |  |
|   | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  |   |   |  |  |  |  |
|   | bankrupt<br>and 3571  | cy case can result in fines u<br>I.   |   |  |  |  |  |
|   | Ronald  | Wells   | Signature of Debto  | or 2   |  |  |  |
|   | Executed  | MM/DD/YYYY  |   | M / DD / YYYY  |  |  |  |
|   | Chapter 7?  Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?  How many Creditors do you estimate that you owe?  How much do you estimate your assets to be worth?  How much do you estimate your liabilities to be?  7: Sign Below | Chapter 7?  Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?  How many Creditors do you estimate that you owe?  How much do you estimate your assets to be worth?  How much do you estimate your liabilities to be?  Sign Below  Tou  Theyes.  Yes.  Yes.  Yes.  Yes.  1-49  50-99  100-1  200-9  \$0 - \$  \$50,0  \$100,  \$500,  \$100,  \$500,  \$100,  \$500,  \$1100,  \$500,  \$1100,  \$500,  \$1100,  \$500,  \$1100,  \$500,  \$1100,  \$500,  \$1100,  \$500,  \$1100,  \$500,  \$1100,  \$500,  \$1100,  \$500,  \$1100,  \$500,  \$1100,  \$500,  \$1100,  \$500,  \$1100,  \$500,  \$1100,  \$500,  \$1100,  \$500,  \$1100,  \$500,  \$1100,  \$500,  \$100 | Are you filing under Chapter 7?  Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?  How many Creditors do you estimate that you owe?  How much do you estimate vour assets to be worth?  So - \$50,000  \$0 - \$50,000  \$50,001 - \$100,000  \$50,001 - \$1 million  How much do you estimate your liabilities to be?  The word of the w | Yes. Go to line 17.  |  |  |  |

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Debtor 1 Ronald Wells Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Russell L. Low                     | Date          | March 5, 2025    |
|--|---------------|------------------|
| Signature of Attorney for Debtor       | _             | MM / DD / YYYY   |
|  |               |                  |
| Russell L. Low 4745                    |               |                  |
| Printed name                           |               |                  |
| Low and Low                            |               |                  |
| Firm name                              |               |                  |
| 505 Main Street                        |               |                  |
| Hackensack, NJ 07601                   |               |                  |
| Number, Street, City, State & ZIP Code |               |                  |
| Contact phone 201-343-4040             | Email address | Rbear611@AOL.com |
| 4745 NJ                                |               |                  |
| Bar number & State                     |               |                  |

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| Fill in this infor     | mation to identify your  | case:                  |           |                       |
|------------------------|--------------------------|------------------------|-----------|-----------------------|
| Debtor 1               | Ronald Wells             |                        |           |                       |
|                        | First Name               | Middle Name            | Last Name |                       |
| Debtor 2               |                          |                        |           |                       |
| (Spouse if, filing)    | First Name               | Middle Name            | Last Name |                       |
| United States Ba       | ankruptcy Court for the: | DISTRICT OF NEW JERSEY |           |                       |
| Case number (if known) |                          |                        |           | Check if this is an   |
| (II KIIOWII)           |                          |                        |           | ☐ Check if this is an |
|                        |                          |                        |           | amended filing        |

## Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

|                |             | assets<br>of what you own  |
|----------------|-------------|----------------------------|
|                | \$          | 0.00                       |
|                | \$          | 16,688.00                  |
|                | \$          | 16,688.00                  |
|                |             |                            |
|                |             | liabilities<br>int you owe |
| dule D         | \$          | 5,814.00                   |
|                | \$          | 0.00                       |
|                | \$          | 61,332.00                  |
| abilities \$   | 8           | 67,146.00                  |
| <u> </u>       |             |                            |
|                | \$          | 4,023.02                   |
|                | \$          | 4,022.00                   |
|                |             |                            |
| rt with your o | other so    | chedules.                  |
| ri             | t with your | t with your other so       |

the court with your other schedules.

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

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Debtor 1 Ronald Wells Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$\_\_\_\_\_5,610.51

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total | claim     |
|--|-------|-----------|
| From Part 4 on Schedule E/F, copy the following:   |       |           |
| 9a. Domestic support obligations (Copy line 6a.)   | \$    | 0.00      |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$    | 0.00      |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$    | 0.00      |
| 9d. Student loans. (Copy line 6f.)   | \$    | 17,286.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$    | 0.00      |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$   | 0.00      |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$    | 17,286.00 |

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|                  |                       |  | Do                     | cument             | Page 10 of 52                |                                       |  |
|------------------|-----------------------|--|------------------------|--------------------|------------------------------|---------------------------------------|--|
| Fill in          | this info             | ormation to identify you   | case and this fili     | ng:                |                              |                                       |  |
| Debto            | r 1                   | Popald Wolla   |                        |                    |                              |                                       |  |
| Debio            | 1 1                   | Ronald Wells First Name  | Middle Name            |                    | Last Name                    |                                       |  |
| Debto            | r 2                   |  |                        |                    |                              |                                       |  |
| 1                | e, if filing)         | First Name   | Middle Name            |                    | Last Name                    |                                       |  |
| United           | d States I            | Bankruptcy Court for the:  | DISTRICT OF N          | EW JERSEY          |                              |                                       |  |
| Case             | number                |  |                        |                    |                              |                                       | ☐ Check if this is an                                      |
| Casc             | Harriber              |  |                        |                    | _                            |                                       | amended filing   |
|                  |                       |  |                        |                    |                              |                                       | ag   |
| Offic            | cial F                | orm 106A/B   |                        |                    |                              |                                       |  |
|                  |                       | le A/B: Prop   | erty                   |                    |                              |                                       | 12/15  |
| think it informa | fits best.            | Be as complete and accur<br>ore space is needed, attack                                | ate as possible. If tw | o married peop     | le are filing together, both | are equally responsible for           |  |
| Part 1:          | Describ               | e Each Residence, Buildin  | g, Land, or Other Re   | al Estate You O    | wn or Have an Interest In    |                                       |  |
| 1 Do 1           | -                     | r have any legal or eguitab  | la interact in any rec | idonoo buildine    | land or cimilar property     | <b>.</b>                              |  |
| т. Бо у          | ou own o              | r nave any legal or equitab  | ie interest in any res | idence, building   | i, iand, or similar property | •                                     |  |
| ■ N              | lo. Go to F           | Part 2.  |                        |                    |                              |                                       |  |
| ПΥ               | es When               | e is the property?   |                        |                    |                              |                                       |  |
|                  |                       | o 10 1110 proporty :   |                        |                    |                              |                                       |  |
|                  |                       |  |                        |                    |                              |                                       |  |
| Part 2:          | Describ               | e Your Vehicles  |                        |                    |                              |                                       |  |
| someo            | ne else d<br>s, vans, | ease, or have legal or eq<br>Irives. If you lease a vehic<br>trucks, tractors, sport u | cle, also report it on | Schedule G: E      |                              |                                       |  |
| 3.1              | Make:                 | Hyundai  | Who has                | an interest in the | ne property? Check one       |                                       | d claims or exemptions. Put                                |
|                  | Model:                | Sante Fe   | ■ Debto                |                    |                              |                                       | cured claims on Schedule D:<br>Claims Secured by Property. |
|                  | Year:                 | 2016   | Debto                  | •                  |                              |                                       |  |
|                  |                       | nate mileage: 106,   | 000                    | or 1 and Debtor 2  | only                         | Current value of the entire property? | Current value of the<br>portion you own?                   |
|                  | Other info            |  |                        | ist one of the deb | •                            |                                       | , ,  |
| Γ                |                       |  |                        | of one of the deb  | tors and another             |                                       |  |
|                  |                       |  |                        | k if this is comm  | nunity property              | \$5,814.00                            | \$5,814.00   |
|                  |                       |  |                        |                    |                              |                                       |  |
| / Wat            | torcraft              | aircraft, motor homes, A   | TVs and other rea      | creational veh     | icles other vehicles an      | nd accessories                        |  |
|                  |                       | pats, trailers, motors, pers   |                        |                    |                              |                                       |  |
|                  |                       | , , , , , , , , , , , , , , , , , , ,  |                        |                    | ,                            |                                       |  |
|                  | lo                    |  |                        |                    |                              |                                       |  |
| ΠY               | 'es                   |  |                        |                    |                              |                                       |  |
|                  | 00                    |  |                        |                    |                              |                                       |  |
|                  |                       |  |                        |                    |                              |                                       |  |
|                  |                       | llar value of the portion have attached for Part 2                                     |                        |                    |                              |                                       | \$5,814.00   |
| .paţ             | goo you               | nave attached for 1 all 2  | . Wite that hullip     | J. 11010           |                              |                                       |  |
| Part 3:          | Describ               | oe Your Personal and Hous  | sehold Items           |                    |                              |                                       |  |
|                  |                       |  |                        |                    |                              |                                       |  |

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?

Do not deduct secured.

Do not deduct secured claims or exemptions.

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| D   | ebtor 1           | Ronald Wel  | Case number (if known)   |                                |
|-----|-------------------|---|--|--------------------------------|
| 6.  |                   | old goods and f<br>les: Major appliar                   | furnishings<br>nces, furniture, linens, china, kitchenware   |                                |
|     | Yes.              | Describe  |  |                                |
|     |                   |   | Household Goods and Furnishings  | \$2,700.00                     |
|     |                   |   |  |                                |
| 7.  | □ No              | les: Televisions a including cel                        | and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music of phones, cameras, media players, games | ollections; electronic devices |
|     | ■ Yes.            | Describe  |  |                                |
|     |                   |   | Misc. Electronics  | \$2,000.00                     |
| В.  | Example ■ No      |   | I figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, ons, memorabilia, collectibles   | or baseball card collections;  |
| 9.  |                   | ent for sports a<br>les: Sports, photo<br>musical instr | ographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes a                                       | and kayaks; carpentry tools;   |
|     | ☐ Yes.            | Describe  |  |                                |
| 10  | _ ′               |   | s, shotguns, ammunition, and related equipment   |                                |
|     | ■ No □ Yes.       | Describe  |  |                                |
| 11  | □ No              |   | othes, furs, leather coats, designer wear, shoes, accessories  |                                |
|     |                   |   | Used Clothes   | \$500.00                       |
| 12  | □ No              |   | welry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, g  | old, silver                    |
|     |                   |   | Jewelry  | \$550.00                       |
|     | Examp ■ No □ Yes. | arm animals ples: Dogs, cats, Describe                  | birds, horses  ad household items you did not already list, including any health aids you did not list                                 |                                |
| . т | ■ No              | p3.001101 011   |  |                                |
|     | ☐ Yes.            | Give specific inf                                       | formation  |                                |
|     | - <b>.</b>        | 4 1-0   | of all of community of the Borton Lillian  |                                |
| 15  | o. Add for Pa     | tne dollar value art 3. Write that                      | of all of your entries from Part 3, including any entries for pages you have attached number here                                      | \$5,750.00                     |

Official Form 106A/B Schedule A/B: Property page 2

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| Debtor 1 Ronald Wells Case number (if known) |  |  | own)  |
|--|--|--|---|
| Part 4: Describe V                           | our Financial Assets   |  |   |
|  | ave any legal or equitable intere  | est in any of the following?   | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| □ No ´                                       | oney you have in your wallet, in yo  | our home, in a safe deposit box, and on hand when you file your p  | petition  |
|  |  | Cash   | \$30.00   |
|  | necking, savings, or other financial   | accounts; certificates of deposit; shares in credit unions, broker ounts with the same institution, list each.   | age houses, and other similar   |
| ■ Yes  |  | Institution name:  |   |
|  | 17.1. Checking   | Beth Page Federal Credit Union   | \$100.00  |
|  | 17.2. Savings  | Beth Page Federal Credit Union   | \$100.00  |
|  | 17.3. Checking   | Sandander Bank   | \$100.00  |
| Examples: Bo ■ No □ Yes                      | Institution or is:   | th brokerage firms, money market accounts suer name:   |   |
| joint venture No                             |  | corporated and unincorporated businesses, including an int   | erest in an LLC, partnership, and   |
| ☐ Yes. Give's                                | pecific information about them<br>Name of entity:  | % of ownership:  |   |
| Negotiable ins<br>Non-negotiab<br>■ No       | struments include personal checks<br>le instruments are those you cann<br>pecific information about them | negotiable and non-negotiable instruments s, cashiers' checks, promissory notes, and money orders. ot transfer to someone by signing or delivering them. |   |
| Examples: Int ☐ No                           |  | (k), 403(b), thrift savings accounts, or other pension or profit-sha   | uring plans   |
| Yes. List each                               | ch account separately.  Type of account:   | Institution name:  |   |
|  | 401(k)   | 401(k) through work  | Unknown   |
| Your share of<br>Examples: Ag<br>☐ No        |  | de so that you may continue service or use from a company rent, public utilities (electric, gas, water), telecommunications con                          | mpanies, or others  |
| Ves  |  | Institution name or individual:  |   |

■ Yes. .....

Case 25-12426-VFP Doc 1 Filed 03/10/25 Entered 03/10/25 09:09:30 Page 13 of 52 Document Debtor 1 Ronald Wells Case number (if known) Rental deposit Landlord \$2,100.00 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses  $\hfill \square$  Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... Tax Refund Est. 2025 Federal \$2,694.00 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information... 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

■ No

☐ Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

#### 32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

■ No

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| Debt         | or 1                      | Ronald Wells                  | Dodament  | r age 14 or                           | Case number (if known)        |                |
|--------------|---------------------------|-------------------------------|---|---------------------------------------|-------------------------------|----------------|
| _            |                           |                               |   |                                       | · · · · -                     |                |
|              | I Yes.                    | Give specific information     |   |                                       |                               |                |
|              |                           |                               |   |                                       |                               |                |
|              |                           |                               | hether or not you have filed a la<br>ent disputes, insurance claims, or |                                       | and for payment               |                |
|              | Lxanıı<br>I <sub>No</sub> | oles. Accidents, employme     | in disputes, insurance ciains, or                                       | ngnis to sue                          |                               |                |
|              |                           | Describe seek alaim           |   |                                       |                               |                |
|              | res.                      | Describe each claim           |   |                                       |                               |                |
| 34. <b>C</b> | Other (                   | contingent and unliquida      | ated claims of every nature, incl                                       | uding counterclaims                   | of the debtor and rights to s | et off claims  |
|              | No                        |                               |   |                                       |                               |                |
|              | l Yes.                    | Describe each claim           | <del></del>   |                                       |                               |                |
|              |                           |                               |   |                                       |                               |                |
|              | -                         | nancial assets you did no     | ot aiready list   |                                       |                               |                |
|              | No                        |                               |   |                                       |                               |                |
| L            | I Yes.                    | Give specific information     |   |                                       |                               |                |
|              |                           |                               |   |                                       |                               |                |
| 36.          |                           |                               | your entries from Part 4, includi<br>here                               |                                       |                               | \$5,124.00     |
|              | IOI P                     | art 4. write that number      | nere  |                                       |                               |                |
| Dort         | E Da                      | aariba Any Businssa Balats    | ad Branauty Vay Oven as Have an Inte                                    |                                       | sto in Dout 4                 |                |
| Part         | De                        | SCRIDE ANY BUSINESS-REIATE    | ed Property You Own or Have an Inte                                     | erest in. List any real esta          | ite in Part 1.                |                |
| 37. <b>D</b> | o you                     | own or have any legal or eq   | uitable interest in any business-rela                                   | ted property?                         |                               |                |
|              | No. Go                    | to Part 6.                    |   |                                       |                               |                |
|              | Yes. C                    | Go to line 38.                |   |                                       |                               |                |
|              |                           |                               |   |                                       |                               |                |
|              |                           |                               |   |                                       |                               |                |
| Part         |                           |                               | nercial Fishing-Related Property Yo                                     | u Own or Have an Interes              | st In.                        |                |
|              | IT y                      | ou own or have an interest in | farmland, list it in Part 1.  |                                       |                               |                |
| 46. <b>C</b> | ο νοι                     | own or have any legal         | or equitable interest in any farm                                       | - or commercial fishin                | ig-related property?          |                |
|              |                           | Go to Part 7.                 |   |                                       | ,                             |                |
|              | _                         | . Go to line 47.              |   |                                       |                               |                |
| '            | <b>—</b> 163              | . 00 to line 47.              |   |                                       |                               |                |
|              |                           |                               |   |                                       |                               |                |
| Part         | 7:                        | Describe All Property You     | u Own or Have an Interest in That Yo                                    | ou Did Not List Above                 |                               |                |
| 53 <b>Г</b>  | )o voi                    | ı have other property of      | any kind you did not already lis  | t?                                    |                               |                |
| 55. <b>L</b> | Exam                      | oles: Season tickets, coun    | try club membership   |                                       |                               |                |
|              | No                        |                               |   |                                       |                               |                |
|              | l Yes.                    | Give specific information.    |   |                                       |                               |                |
|              |                           | •                             |   |                                       | -                             |                |
| 54.          | Add 1                     | the dollar value of all of    | your entries from Part 7. Write t                                       | hat number here                       |                               | \$0.00         |
|              |                           |                               |   |                                       |                               |                |
| Part         | 8:                        | List the Totals of Each Par   | t of this Form  |                                       |                               |                |
|              |                           |                               |   |                                       |                               |                |
| 55.          |                           |                               | 2   |                                       |                               | \$0.00         |
| 56.          |                           | 2: Total vehicles, line 5     |   | \$5,814.00                            |                               |                |
|              |                           | 3: Total personal and ho      | · ·   | \$5,750.00                            |                               |                |
|              |                           | 4: Total financial assets,    |   | \$5,124.00                            |                               |                |
|              |                           | 5: Total business-related     |   | \$0.00                                |                               |                |
| 60.          |                           |                               | g-related property, line 52   | \$0.00                                |                               |                |
| 61.          | Part 7                    | 7: Total other property n     | ot listed, line 54  | + \$0.00                              |                               |                |
| 62.          | Total                     | personal property. Add        | lines 56 through 61   | \$16,688.00                           | Copy personal property total  | al \$16,688.00 |
|              |                           |                               | Č   | · · · · · · · · · · · · · · · · · · · | .,,                           |                |
| 63.          | Total                     | of all property on Scheo      | dule A/B. Add line 55 + line 62   |                                       |                               | \$16,688.00    |

Official Form 106A/B Schedule A/B: Property page 5

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| Fill in this information to identify your case: |                          |                        |           |  |                       |  |
|---|--------------------------|------------------------|-----------|--|-----------------------|--|
| Debtor 1  | Ronald Wells             |                        |           |  |                       |  |
|   | First Name               | Middle Name            | Last Name |  |                       |  |
| Debtor 2  |                          |                        |           |  |                       |  |
| (Spouse if, filing)                             | First Name               | Middle Name            | Last Name |  |                       |  |
| United States Ba                                | ankruptcy Court for the: | DISTRICT OF NEW JERSEY |           |  |                       |  |
| Case number (if known)                          |                          |                        |           |  | ☐ Check if this is an |  |
|   |                          |                        |           |  | amended filing        |  |

### Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the assessment and line are Comment value of the Assessment of

| Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the<br>portion you own | Amount of the exemption you claim                                 | Specific laws that allow exemption |
|--|---|---|------------------------------------|
|  | Copy the value from<br>Schedule A/B     | Check only one box for each exemption.                            |                                    |
| Household Goods and Furnishings  | \$2,700.00                              | \$2,700.00  | 11 U.S.C. § 522(d)(3)              |
| Line from Schedule A/B: 6.1  |   | ☐ 100% of fair market value, up to any applicable statutory limit |                                    |
| Misc. Electronics Line from Schedule A/B: 7.1  | \$2,000.00                              | \$2,000.00  | 11 U.S.C. § 522(d)(3)              |
|  |   | ☐ 100% of fair market value, up to any applicable statutory limit |                                    |
| Used Clothes Line from Schedule A/B: 11.1  | \$500.00                                | \$500.00  | 11 U.S.C. § 522(d)(3)              |
|  |   | ☐ 100% of fair market value, up to any applicable statutory limit |                                    |
| Jewelry Line from Schedule A/B: 12.1   | \$550.00                                | \$550.00  | 11 U.S.C. § 522(d)(4)              |
|  |   | ☐ 100% of fair market value, up to any applicable statutory limit |                                    |
| Cash Line from Schedule A/B: 16.1  | \$30.00                                 | \$30.00   | 11 U.S.C. § 522(d)(5)              |
|  |   | 100% of fair market value, up to any applicable statutory limit   |                                    |
|  |   |   |                                    |

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Case number (if known) Debtor 1 Ronald Wells Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B 11 U.S.C. § 522(d)(5) Checking: Beth Page Federal \$100.00 \$100.00 Credit Union Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit Savings: Beth Page Federal 11 U.S.C. § 522(d)(5) \$100.00 \$100.00 Credit Union Line from Schedule A/B: 17.2 100% of fair market value, up to any applicable statutory limit Checking: Sandander Bank 11 U.S.C. § 522(d)(5) \$100.00 \$100.00 Line from Schedule A/B: 17.3 100% of fair market value, up to any applicable statutory limit Rental deposit: Landlord 11 U.S.C. § 522(d)(5) \$2,100.00 \$2,100.00 Line from Schedule A/B: 22.1 100% of fair market value, up to any applicable statutory limit Federal: Tax Refund Est. 2025 11 U.S.C. § 522(d)(5) \$2,694.00 \$2,694.00 Line from Schedule A/B: 28.1 100% of fair market value, up to any applicable statutory limit

| 3. | re you claiming a homestead exemption of more than \$189,050?<br>Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.) |   |  |  |  |  |  |
|----|---|---|--|--|--|--|--|
|    | No  |   |  |  |  |  |  |
|    | Yes.  | Did you acquire the property covered by the exemption within 1,215 days before you filed this case? |  |  |  |  |  |
|    |   | No  |  |  |  |  |  |
|    |   | Yes   |  |  |  |  |  |

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|                                       |                       | Document   | Page 1         | 7 of 52  |  |                                   |
|---------------------------------------|-----------------------|--|----------------|--|--|-----------------------------------|
| Fill in this informat                 | ion to identify yοι   | ır case:   |                |  |  |                                   |
| Debtor 1                              | Ronald Wells          |  |                |  |  |                                   |
| _                                     | First Name            | Middle Name  | Last Name      |  |  |                                   |
| Debtor 2<br>(Spouse if, filing)       | First Name            | Middle Name  | Last Name      |  |  |                                   |
| United States Bankr                   | uptcy Court for the:  | DISTRICT OF NEW JERSEY   |                |  |  |                                   |
| Case number                           |                       |  |                |  | ☐ Check  | if this is an                     |
|                                       |                       |  |                |  | _  | ded filing                        |
| Official Form 1                       | 106D                  |  |                |  |  |                                   |
| Schedule D                            | : Creditors           | Who Have Claims  | Secure         | d by Propert   | у  | 12/15                             |
|                                       |                       | If two married people are filing togethe<br>out, number the entries, and attach it t   |                |  |  |                                   |
| 1. Do any creditors hav               | ve claims secured by  | y your property?   |                |  |  |                                   |
| ☐ No. Check thi                       | is box and submit t   | his form to the court with your other  | schedules. \   | You have nothing else t  | o report on this form.                                 |                                   |
| Yes. Fill in all                      | of the information    | below.   |                |  |  |                                   |
| Part 1: List All S                    | ecured Claims         |  |                |  |  |                                   |
| for each claim. If more               | than one creditor has | more than one secured claim, list the crec<br>s a particular claim, list the other creditors<br>cal order according to the creditor's name | in Part 2. As  | Column A  Amount of claim Do not deduct the value of collateral. | Column B  Value of collateral that supports this claim | Column C Unsecured portion If any |
| 2.1 BETHPAGE F                        | CU                    | Describe the property that secures the   | he claim:      | \$5,814.00   | \$5,814.00   | \$0.00                            |
| Creditor's Name ATTN: BANK DEPARTMENT |                       | 2016 Hyundai Sante Fe<br>106,000 miles   |                |  |  |                                   |
| 899 S. OYS<br>ROAD                    |                       | As of the date you file, the claim is: (apply.   | Check all that |  |  |                                   |
| BETHPAGE,                             |                       | ☐ Contingent   |                |  |  |                                   |
| Number, Street, City                  | y, State & Zip Code   | ☐ Unliquidated☐ Disputed   |                |  |  |                                   |
| Who owes the debt?                    | Check one.            | Nature of lien. Check all that apply.  |                |  |  |                                   |
| Debtor 1 only                         |                       | ☐ An agreement you made (such as n   | nortgage or se | ecured   |  |                                   |
| Debtor 2 only                         |                       | car loan)  |                |  |  |                                   |
| ☐ Debtor 1 and Debto                  | or 2 only             | ☐ Statutory lien (such as tax lien, med  | hanic's lien)  |  |  |                                   |
| ☐ At least one of the o               | debtors and another   | ☐ Judgment lien from a lawsuit   |                |  |  |                                   |
| Check if this claim community debt    | relates to a          | Other (including a right to offset)  | Auto Fir       | ance   |  |                                   |
|                                       | Opened<br>11/20       |  |                |  |  |                                   |
|                                       | Last                  |  |                |  |  |                                   |
| Date debt was incurre                 | Active                | Last 4 digits of account numb  | er <u>4884</u> |  |  |                                   |
|                                       |                       |  |                |  |  |                                   |

\$5,814.00 Add the dollar value of your entries in Column A on this page. Write that number here: If this is the last page of your form, add the dollar value totals from all pages. \$5,814.00 Write that number here:

### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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|  |  | Document   | Page 18                           | 3 of 52                        |                             |  |  |
|--|--|--|-----------------------------------|--------------------------------|-----------------------------|--|--|
| Fill in this                             | s information to identify your o                                       | case:  |                                   |                                |                             |  |  |
| Debtor 1                                 | Ronald Wells   |  |                                   |                                |                             |  |  |
| Debior 1                                 | First Name   | Middle Name  | Last Name                         |                                |                             | -  |  |
| Debtor 2                                 | Earl Name  | Middle News  | Last Name                         |                                |                             | _  |  |
| (Spouse if, fil                          | ing) First Name  | Middle Name  | Last Name                         |                                |                             |  |  |
| United Sta                               | ates Bankruptcy Court for the:   | DISTRICT OF NEW JERSEY   |                                   |                                |                             | _  |  |
| Case num                                 | nber   |  |                                   |                                |                             |  |  |
| (if known)                               |  |  |                                   |                                |                             |  | Check if this is an                          |
|  |  |  |                                   |                                |                             | a  | mended filing                                |
| Official                                 | Form 106E/F  |  |                                   |                                |                             |  |  |
|  |  | ho Have Unsecured  | Claims                            |                                |                             |  | 12/15  |
|  |  | e Part 1 for creditors with PRIORIT  |                                   | Part 2 for area                | litoro with                 | NONDRIORITY alai   |  |
| Schedule G<br>Schedule D<br>left. Attach | i: Executory Contracts and Unexpi<br>i: Creditors Who Have Claims Secu | that could result in a claim. Also li<br>ired Leases (Official Form 106G). D<br>ured by Property. If more space is a<br>e. If you have no information to rep   | o not include a<br>needed, copy t | any creditors<br>he Part you r | with parti<br>need, fill it | ially secured claims<br>out, number the en   | that are listed in tries in the boxes on the |
| Part 1:                                  | List All of Your PRIORITY Un   | secured Claims   |                                   |                                |                             |  |  |
| `  | y creditors have priority unsecured                                    | d claims against you?  |                                   |                                |                             |  |  |
|  | . Go to Part 2.  |  |                                   |                                |                             |  |  |
| ☐ Yes                                    | 5.   |  |                                   |                                |                             |  |  |
| Part 2:                                  | List All of Your NONPRIORIT  | Y Unsecured Claims   |                                   |                                |                             |  |  |
|  | y creditors have nonpriority unsec                                     |  |                                   |                                |                             |  |  |
| `  |  |  | varr other och                    | dulaa                          |                             |  |  |
| □ No.                                    | . You have nothing to report in this pa                                | art. Submit this form to the court with  | your other sche                   | edules.                        |                             |  |  |
| Yes                                      | S.   |  |                                   |                                |                             |  |  |
| unsecu                                   | ured claim, list the creditor separately                               | aims in the alphabetical order of the for each claim. For each claim listed st the other creditors in Part 3.If you have the content of the c | , identify what t                 | ype of claim it                | is. Do not                  | list claims already inc  | cluded in Part 1. If more                    |
|  |  |  |                                   |                                |                             |  | Total claim                                  |
| <b>4.1</b> B.                            | ANK OF AMERICA   | Last 4 digits of acc   | ount number                       | 1618                           |                             |  | \$16,181.00                                  |
| No.                                      | onpriority Creditor's Name   |  |                                   |                                |                             |  |  |
|  | TTN: BANKRUPTCY 909 SAVARESE CIRCLE                                    | When was the debt  | incurred?                         | Opened<br>Active               |                             | Last   |  |
| T.                                       | AMPA, FL 33634   |  |                                   |                                |                             |  | -  |
|  | umber Street City State Zip Code                                       | As of the date you t   | file, the claim i                 | s: Check all the               | at apply                    |  |  |
| _  | ho incurred the debt? Check one.                                       | _  |                                   |                                |                             |  |  |
|  | Debtor 1 only  | Contingent   |                                   |                                |                             |  |  |
|  | Debtor 2 only  | Unliquidated   |                                   |                                |                             |  |  |
|  | Debtor 1 and Debtor 2 only   | Disputed   |                                   |                                |                             |  |  |
|  | At least one of the debtors and and                                    | □ 04d==4.l====   | III Y unsecured                   | ı claım:                       |                             |  |  |
|  | Check if this claim is for a comn                                      |  |                                   | 4:                             |                             | and the transfer of the state o |  |
|  | the claim subject to offset?   | ☐ Obligations arisin report as priority clain  |                                   | ration agreem                  | ent or divo                 | rce that you did not   |  |
|  | No   | ☐ Debts to pension   |                                   | g plans, and o                 | ther simila                 | r debts  |  |
|  | ] Yes  | Other. Specify   | Credit Ca                         | rd                             |                             |  |  |
| de<br>Is                                 | ebt<br>the claim subject to offset?                                    | Obligations arisin report as priority claim  | ms                                | _                              |                             |  |  |
|  | ] Yes  | Other. Specify   | Credit Ca                         | rd                             |                             |  |  |

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| Debto | r1 Ronald Wells  |   | Case number (if known)                         |                     |
|-------|--|---|--|---------------------|
| 4.2   | CAPITAL ONE  | Last 4 digits of account number   | 0248   | \$7 <b>,</b> 538.00 |
|       | Nonpriority Creditor's Name ATTN: BANKRUPTCY PO BOX 30285                                      | When was the debt incurred?   | Opened 09/17 Last<br>Active 02/25              |                     |
|       | SALT LAKE CITY, UT 84130  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim  | is: Check all that apply                       |                     |
|       | ■ Debtor 1 only  | ☐ Contingent  |  |                     |
|       | Debtor 2 only  | ☐ Unliquidated  |  |                     |
|       | Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |                     |
|       | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure  | ed claim:                                      |                     |
|       | ☐ Check if this claim is for a community   | ☐ Student loans   |  |                     |
|       | debt Is the claim subject to offset?   | ☐ Obligations arising out of a sep report as priority claims                | paration agreement or divorce that you did not |                     |
|       | ■ No   | Debts to pension or profit-shari  | ing plans, and other similar debts             |                     |
|       | Yes  | ■ Other. Specify <u>Credit C</u>  | ard  |                     |
| 4.3   | CAPITAL ONE Nonpriority Creditor's Name  | Last 4 digits of account number   | 6433   | \$4,247.00          |
|       | ATTN: BANKRUPTCY<br>PO BOX 30285   | When was the debt incurred?   | Opened 03/16 Last<br>Active 02/25              |                     |
|       | Number Street City State Zip Code  Who incurred the debt? Check one.                           | As of the date you file, the claim  | is: Check all that apply                       |                     |
|       | Debtor 1 only  | Пол   |  |                     |
|       | Debtor 2 only  | ☐ Contingent ☐ Unliquidated   |  |                     |
|       | Debtor 2 only  Debtor 1 and Debtor 2 only  | <u> </u>  |  |                     |
|       | ☐ At least one of the debtors and another  | ☐ Disputed  Type of NONPRIORITY unsecure                                    | ed claim:                                      |                     |
|       | _  | ☐ Student loans   |  |                     |
|       | ☐ Check if this claim is for a community debt Is the claim subject to offset?                  | _   | paration agreement or divorce that you did not |                     |
|       | ■ No   | Debts to pension or profit-shari  | ing plans, and other similar debts             |                     |
|       | Yes  | ■ Other Specify Credit C  | ard  |                     |
| 4.4   | CAPITAL ONE  | Last 4 digits of account number   | 7000   | \$4,169.00          |
|       | Nonpriority Creditor's Name ATTN: BANKRUPTCY PO BOX 30285                                      | When was the debt incurred?   | Opened 4/17/07 Last<br>Active 1/18/25          |                     |
|       | Number Street City State Zip Code  | As of the date you file, the claim  | is: Check all that apply                       |                     |
|       | Who incurred the debt? Check one.  | _   |  |                     |
|       | Debtor 1 only  | Contingent  |  |                     |
|       | Debtor 2 only  | ☐ Unliquidated☐ Disputed  |  |                     |
|       | Debtor 1 and Debtor 2 only   |   |  |                     |
|       | At least one of the debtors and another  | ed claim:   |  |                     |
|       | ☐ Check if this claim is for a community debt Is the claim subject to offset?                  | ☐ Student loans ☐ Obligations arising out of a sepreport as priority claims | paration agreement or divorce that you did not |                     |
|       | No   | Debts to pension or profit-shari  | ing plans, and other similar debts             |                     |
|       | ☐ Yes  | ■ Other Specify Credit C  | ard  |                     |

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| Debto | r1 Ronald Wells   |   | Case number (if known)                        |            |  |  |
|-------|---|---|---|------------|--|--|
| 4.5   | COMENITY BANK/OVERSTOCK   | Last 4 digits of account number                           | 1357  | \$0.00     |  |  |
|       | Nonpriority Creditor's Name ATTN: BANKRUPTCY PO BOX 182125 COLUMBUS, OH 43218 | When was the debt incurred?                               | Opened 11/06/16 Last<br>Active 12/13/20       |            |  |  |
|       | Number Street City State Zip Code   | As of the date you file, the claim                        | is: Check all that apply                      |            |  |  |
|       | Who incurred the debt? Check one.   |   |   |            |  |  |
|       | ■ Debtor 1 only   | ☐ Contingent  |   |            |  |  |
|       | Debtor 2 only   | ☐ Unliquidated  |   |            |  |  |
|       | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |            |  |  |
|       | ☐ At least one of the debtors and another                                     | Type of NONPRIORITY unsecure                              | d claim:                                      |            |  |  |
|       | ☐ Check if this claim is for a community                                      | ☐ Student loans   |   |            |  |  |
|       | debt Is the claim subject to offset?  | Obligations arising out of a sepreport as priority claims | aration agreement or divorce that you did not |            |  |  |
|       | No  | Debts to pension or profit-shari                          | ng plans, and other similar debts             |            |  |  |
|       | Yes   | Other. Specify Charge Ad                                  | ccount  |            |  |  |
| 4.6   | DEPT OF EDUCATION/NELN  Nonpriority Creditor's Name                           | Last 4 digits of account number                           | 1579  | \$7,863.00 |  |  |
|       | PO BOX 82561<br>LINCOLN, NE 68501   | When was the debt incurred?                               | Opened 07/10 Last<br>Active 01/25             |            |  |  |
|       | Number Street City State Zip Code   | As of the date you file, the claim                        | is: Check all that apply                      |            |  |  |
|       | Who incurred the debt? Check one.   |   |   |            |  |  |
|       | Debtor 1 only   | ☐ Contingent  |   |            |  |  |
|       | Debtor 2 only   | ☐ Unliquidated  |   |            |  |  |
|       | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |            |  |  |
|       | ☐ At least one of the debtors and another                                     | Type of NONPRIORITY unsecure                              | d claim:                                      |            |  |  |
|       | ☐ Check if this claim is for a community                                      | Student loans   |   |            |  |  |
|       | debt Is the claim subject to offset?  | Obligations arising out of a sepreport as priority claims | aration agreement or divorce that you did not |            |  |  |
|       | ■ No  | Debts to pension or profit-sharing                        | ng plans, and other similar debts             |            |  |  |
|       | □Yes  | Other. Specify  |   |            |  |  |
|       |   | Educational   |   |            |  |  |
| 4.7   | DEPT OF EDUCATION/NELN  Nonpriority Creditor's Name                           | Last 4 digits of account number                           | 1779  | \$3,798.00 |  |  |
|       | PO BOX 82561<br>LINCOLN, NE 68501   | When was the debt incurred?                               | Opened 03/11 Last<br>Active 01/25             |            |  |  |
|       | Number Street City State Zip Code   | As of the date you file, the claim                        | is: Check all that apply                      |            |  |  |
|       | Who incurred the debt? Check one.   |   |   |            |  |  |
|       | Debtor 1 only   | ☐ Contingent  |   |            |  |  |
|       | ☐ Debtor 2 only   | ☐ Unliquidated  |   |            |  |  |
|       | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |            |  |  |
|       | ☐ At least one of the debtors and another                                     | Type of NONPRIORITY unsecure                              | d claim:                                      |            |  |  |
|       | ☐ Check if this claim is for a community debt                                 | ■ Student loans  □ Obligations arising out of a sep       | aration agreement or divorce that you did not |            |  |  |
|       | Is the claim subject to offset?   | report as priority claims                                 | a.a agreement of arroned that you did not     |            |  |  |
|       | No  | Debts to pension or profit-shari                          | ng plans, and other similar debts             |            |  |  |
|       | □Yes  | Other. Specify  |   |            |  |  |
|       |   | Education   | nal   |            |  |  |

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| Debto    | 1 Ronald Wells   | Case number (if known)  |            |
|----------|--|---|------------|
| 4.8      | DEPT OF EDUCATION/NELN   | Last 4 digits of account number 1479  | \$3,750.00 |
|          | Nonpriority Creditor's Name  PO BOX 82561  LINCOLN, NE 68501                                 | When was the debt incurred? Opened 07/10 Last Active 01/25  | _          |
|          | Number Street City State Zip Code  Who incurred the debt? Check one.                         | As of the date you file, the claim is: Check all that apply   |            |
|          | ■ Debtor 1 only  | ☐ Contingent  |            |
|          | Debtor 2 only  | ☐ Unliquidated  |            |
|          | Debtor 1 and Debtor 2 only   | ☐ Disputed  |            |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |            |
|          | ☐ Check if this claim is for a community   | Student loans   |            |
|          | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did no report as priority claims                | t          |
|          | ■ No   | Debts to pension or profit-sharing plans, and other similar debts   |            |
|          | Yes  | Other. Specify  |            |
|          |  | Educational   |            |
| 4.9      | DEPT OF EDUCATION/NELN  Nonpriority Creditor's Name  | Last 4 digits of account number 1679  | \$1,875.00 |
|          | PO BOX 82561<br>LINCOLN, NE 68501  | When was the debt incurred? Opened 03/11 Last Active 01/25  | _          |
|          | Number Street City State Zip Code Who incurred the debt? Check one.                          | As of the date you file, the claim is: Check all that apply   |            |
|          | Debtor 1 only  | ☐ Contingent  |            |
|          | Debtor 2 only  | ☐ Unliquidated  |            |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |            |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |            |
|          | ☐ Check if this claim is for a community   | Student loans   |            |
|          | debt Is the claim subject to offset?   | $\hfill \square$ Obligations arising out of a separation agreement or divorce that you did no report as priority claims | t          |
|          | ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts   |            |
|          | ☐ Yes  | Other. Specify  |            |
|          |  | Educational   |            |
| 4.1<br>0 | GOLDMAN SACHS BANK USA  Nonpriority Creditor's Name  | Last 4 digits of account number 9747  | \$0.00     |
|          | ATTN: BANKRUPTCY<br>LOCKBOX 6112, PO BOX7247   | When was the debt incurred? Opened 5/03/17 Last Active 9/03/22  | _          |
|          | PHILADELPHIA, PA 19170  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |            |
|          | ■ Debtor 1 only  | ☐ Contingent  |            |
|          | Debtor 2 only  | ☐ Unliquidated  |            |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |            |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |            |
|          | ☐ Check if this claim is for a community   | ☐ Student loans   |            |
|          | debt Is the claim subject to offset?   | $\square$ Obligations arising out of a separation agreement or divorce that you did no report as priority claims        | t          |
|          | No   | $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|          | Yes  | ■ Other Specify Credit Card   |            |

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| Debt     | or1 Ronald Wells   |   | Case number (if known)                           |            |  |  |  |
|----------|--|---|--|------------|--|--|--|
| 4.1      |  |   |  |            |  |  |  |
| 1        | JPMCB  | Last 4 digits of account number   | 0669   | \$3,844.00 |  |  |  |
|          | Nonpriority Creditor's Name MAILCODE LA4-7100                        |   | Opened 10/10 Test                                |            |  |  |  |
|          | 700 KANSAS LANE<br>MONROE, LA 71203                                  | When was the debt incurred?   | Opened 10/18 Last<br>Active 2/02/25              |            |  |  |  |
|          | Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim  | is: Check all that apply                         |            |  |  |  |
|          | _  | _   |  |            |  |  |  |
|          | Debtor 1 only  | Contingent  |  |            |  |  |  |
|          | Debtor 2 only  | ☐ Unliquidated  |  |            |  |  |  |
|          | Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |            |  |  |  |
|          | At least one of the debtors and another                              | Type of NONPRIORITY unsecure  | d claim:   |            |  |  |  |
|          | ☐ Check if this claim is for a community                             | Student loans   |  |            |  |  |  |
|          | debt Is the claim subject to offset?                                 | ☐ Obligations arising out of a separeport as priority claims  | aration agreement or divorce that you did not    |            |  |  |  |
|          | ■ No   | Debts to pension or profit-sharing  | ng plans, and other similar debts                |            |  |  |  |
|          | Yes  | ■ Other Specify Credit Ca   | ard  |            |  |  |  |
| 4.1      |  |   |  |            |  |  |  |
| 4.1<br>2 | NELNET Nonpriority Creditor's Name                                   | Last 4 digits of account number   | 2581   | \$0.00     |  |  |  |
|          | ATTN: CLAIMS PO BOX 82505  | When was the debt incurred?   | Opened 7/23/10 Last<br>Active 3/01/23            |            |  |  |  |
|          | LINCOLN, NE 68501  |   | 1100110 0,01,10                                  |            |  |  |  |
|          | Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim  | is: Check all that apply                         |            |  |  |  |
|          | Debtor 1 only  | Contingent  |  |            |  |  |  |
|          | Debtor 2 only  | ☐ Unliquidated  |  |            |  |  |  |
|          | Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |            |  |  |  |
|          | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecure  | d claim:   |            |  |  |  |
|          | ☐ Check if this claim is for a community                             | Student loans   |  |            |  |  |  |
|          | debt   | Obligations arising out of a sepa   |  |            |  |  |  |
|          | Is the claim subject to offset?                                      | report as priority claims   |  |            |  |  |  |
|          | ■ No   | Debts to pension or profit-sharing  | ng plans, and other similar debts                |            |  |  |  |
|          | ☐ Yes  | Other. Specify  |  |            |  |  |  |
|          |  | Education   | nal  |            |  |  |  |
| 4.1<br>3 | SYNCHRONY BANK/AMAZON  | Last 4 digits of account number   | 1467   | \$0.00     |  |  |  |
|          | Nonpriority Creditor's Name ATTN: BANKRUPTCY                         |   | Opened 08/08 Last                                |            |  |  |  |
|          | PO BOX 965060  | When was the debt incurred?   | Active 12/13                                     |            |  |  |  |
|          | ORLANDO, FL 32896  Number Street City State Zip Code                 | As of the date you file, the claim  | is: Check all that apply                         |            |  |  |  |
|          | Who incurred the debt? Check one.                                    | As of the date you me, the olding   | is. Oncor all that apply                         |            |  |  |  |
|          | ■ Debtor 1 only  | ☐ Contingent  |  |            |  |  |  |
|          | Debtor 2 only  | ☐ Unliquidated  |  |            |  |  |  |
|          | Debtor 1 and Debtor 2 only   | _ `   |  |            |  |  |  |
|          | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecure  | ☐ Disputed  Type of NONPRIORITY unsecured claim: |            |  |  |  |
|          | ☐ Check if this claim is for a community                             | ☐ Student loans   | <del></del>                                      |            |  |  |  |
|          | debt Is the claim subject to offset?                                 | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |  |            |  |  |  |
|          | ■ No   | Debts to pension or profit-sharing  | ng plans, and other similar debts                |            |  |  |  |
|          | Yes  | Other. Specify Debt   |  |            |  |  |  |
|          |  |   |  |            |  |  |  |

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| Debt | or1 Ronald Wells   |  | Case number (if known)                        |                     |
|------|--|--|---|---------------------|
| 4.1  |  |  |   |                     |
| 4    | SYNCHRONY BANK/GAP   | Last 4 digits of account number                            | 8256  | \$0.00              |
|      | Nonpriority Creditor's Name ATTN: BANKRUPTCY                         |  | Opened 06/24 Last                             |                     |
|      | PO BOX 965060  | When was the debt incurred?                                | Active 02/25                                  |                     |
|      | ORLANDO, FL 32896  |  |   |                     |
|      | Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim                         | Is: Check all that apply                      |                     |
|      | _  |  |   |                     |
|      | ■ Debtor 1 only  | ☐ Contingent   |   |                     |
|      | Debtor 2 only  | Unliquidated   |   |                     |
|      | Debtor 1 and Debtor 2 only   | Disputed   |   |                     |
|      | At least one of the debtors and another                              | Type of NONPRIORITY unsecure                               | d claim:                                      |                     |
|      | Check if this claim is for a community                               | Student loans  |   |                     |
|      | debt Is the claim subject to offset?                                 | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |                     |
|      | ■ No   | Debts to pension or profit-sharing                         | ng plans, and other similar debts             |                     |
|      | Yes  | ■ Other Specify Credit Ca                                  | ard   |                     |
| 4.1  |  |  |   |                     |
| 5    | SYNCHRONY/PAYPAL CREDIT  | Last 4 digits of account number                            |   | \$4,770.00          |
|      | Nonpriority Creditor's Name ATTN: BANKRUPTCY                         |  | Opened 12/17 Last                             |                     |
|      | PO BOX 965064  | When was the debt incurred?                                | Active 02/25                                  |                     |
|      | ORLANDO, FL 32896  | As of the data was file the element                        |   |                     |
|      | Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim                         | IS: Check all that apply                      |                     |
|      | ■ Debtor 1 only  | Пол  |   |                     |
|      | <u> </u>   | ☐ Contingent   |   |                     |
|      | ☐ Debtor 2 only  | ☐ Unliquidated   |   |                     |
|      | Debtor 1 and Debtor 2 only   | ☐ Disputed   | Labet o                                       |                     |
|      | At least one of the debtors and another                              | Type of NONPRIORITY unsecure                               | d claim:                                      |                     |
|      | ☐ Check if this claim is for a community                             | Student loans  |   |                     |
|      | debt Is the claim subject to offset?                                 | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |                     |
|      | No   | Debts to pension or profit-sharing                         | ng plans, and other similar debts             |                     |
|      | □ Yes  |  |   |                     |
|      | ☐ Yes  | ■ Other Specify <u>Credit Ca</u>                           | ara   |                     |
| 4.1  | TD BANK/RAYMOUR & FLANIGAN   | Last 4 digits of account number                            | 4359  | \$3 <b>,</b> 297.00 |
| 6    | Nonpriority Creditor's Name  |  |   | 43,237.00           |
|      | ATTN: BANKRUPTCY   |  | Opened 10/23 Last                             |                     |
|      | 1701 RT. 70 EAST<br>CHERRY HILL, NJ 08003                            | When was the debt incurred?                                | Active 2/05/25                                |                     |
|      | Number Street City State Zip Code                                    | As of the date you file, the claim                         | is: Check all that apply                      |                     |
|      | Who incurred the debt? Check one.                                    |  |   |                     |
|      | Debtor 1 only  | ☐ Contingent   |   |                     |
|      | Debtor 2 only  | ☐ Unliquidated   |   |                     |
|      | Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |                     |
|      | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecure                               |   |                     |
|      | ☐ Check if this claim is for a community                             | ☐ Student loans  |   |                     |
|      | debt   | ☐ Obligations arising out of a sepa                        |   |                     |
|      | Is the claim subject to offset?                                      | report as priority claims                                  | 3   |                     |
|      | ■ No   | Debts to pension or profit-sharing                         | ng plans, and other similar debts             |                     |
|      | ☐ Yes  | Other. Specify Charge Ac                                   | ccount  |                     |
|      |  |  |   |                     |

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| Deptor             | 1 Ronald I   | Nells  | <del>-</del> '   | Case nu          | Imber (if known)                      |                           |
|--------------------|--|--|--|------------------|---------------------------------------|---------------------------|
| 4.1<br>7           | VERIZON  |  | Last 4 digits of account number                            | 0001             |                                       | \$0.00                    |
|                    | 500 TECHN  | ditor's Name IRELESS BK ADMIN OLOGY DR STE 550 RINGS, MO 63304       | When was the debt incurred?                                | Open<br>Acti     | ed 12/16 Last<br>ve 1/20/20           |                           |
|                    | Number Street  | City State Zip Code  | As of the date you file, the claim                         | is: Check        | all that apply                        |                           |
|                    | ■ Debtor 1 onl   |  | ☐ Contingent   |                  |                                       |                           |
|                    | Debtor 2 onl   | •  | ☐ Unliquidated   |                  |                                       |                           |
|                    | Debtor 1 and   | •  | •  |                  |                                       |                           |
|                    |  | •  | ☐ Disputed  Type of NONPRIORITY unsecure                   | d claim:         |                                       |                           |
|                    |  | of the debtors and another   | ☐ Student loans  | a ciaiii.        |                                       |                           |
|                    | ☐ Check if thi   | s claim is for a community   | _  | ration ag        | reement or divorce that you did not   |                           |
|                    |  | bject to offset?   | report as priority claims                                  | aralion ay       | reement of divorce that you did not   |                           |
|                    | ■ No   |  | ☐ Debts to pension or profit-sharir                        | ng plans, a      | and other similar debts               |                           |
|                    | ☐ Yes  |  | Other. Specify Debt  |                  |                                       | -                         |
| 4.1                | WALMART C<br>SERVICES/                                   | REDIT<br>CAPITAL ONE   | Last 4 digits of account number                            | 9975             |                                       | Unknown                   |
|                    | Nonpriority Cred<br>ATTN: BAN<br>PO BOX 30               | KRUPTCY<br>285   | When was the debt incurred?                                |                  | ed 04/07 Last<br>ve 08/24             |                           |
| -                  | Number Street  | CITY, UT 84130  City State Zip Code  the debt? Check one.            | As of the date you file, the claim                         | <b>is:</b> Check | all that apply                        |                           |
|                    | Debtor 1 on  | у  | ☐ Contingent   |                  |                                       |                           |
|                    | Debtor 2 onl   | у  | ☐ Unliquidated   |                  |                                       |                           |
|                    | Debtor 1 and   | d Debtor 2 only  | ☐ Disputed   |                  |                                       |                           |
|                    | ☐ At least one   | of the debtors and another   | Type of NONPRIORITY unsecure                               | d claim:         |                                       |                           |
|                    | ☐ Check if thi   | s claim is for a community   | ☐ Student loans  |                  |                                       |                           |
|                    | debt<br>Is the claim su                                  | bject to offset?   | Obligations arising out of a separeport as priority claims | aration ag       | reement or divorce that you did not   |                           |
|                    | ■ No   |  | ☐ Debts to pension or profit-sharir                        | ng plans, a      | and other similar debts               |                           |
|                    | Yes  |  | ■ Other. Specify Charge Ac                                 | count            |                                       | -                         |
| Part 3:            | List Others  | s to Be Notified About a Debt  | That You Already Listed                                    |                  |                                       |                           |
| is tryii<br>have r | ng to collect fro<br>more than one c<br>ed for any debts | m you for a debt you owe to som                                      |  | Parts 1          | or 2, then list the collection agency | y here. Similarly, if you |
|                    | the amounts of<br>f unsecured cla                        |  | s. This information is for statistical r                   | eporting         | purposes only. 28 U.S.C. §159. Add    | d the amounts for each    |
|                    |  |  |  |                  | Total Claim                           |                           |
| Total              | 6a.  | Domestic support obligations   |  | 6a.              | \$0.00                                | -                         |
| claims<br>from Pa  | rt 1 6b.   | Taxes and certain other debts  | you owe the government                                     | 6b.              | \$ 0.00                               |                           |
|                    | 6c.  | · · · · · · · · · · · · · · · · · · ·                                | jury while you were intoxicated                            | 6c.              | \$ 0.00                               | _                         |
|                    | 6d.  | Other. Add all other priority unse                                   | cured claims. Write that amount here.                      | 6d.              | \$ 0.00                               |                           |
|                    | 6e.  | Total Priority. Add lines 6a throu                                   | ıgh 6d.  | 6e.              | \$0.00                                | _                         |
|                    |  |  |  |                  | Total Claim                           |                           |
| Total              | 6f.  | Student loans  |  | 6f.              | \$17,286.00                           | -                         |
| claims<br>from Pa  | rt <b>2</b> 6g.  | Obligations arising out of a seg<br>you did not report as priority c | paration agreement or divorce that laims                   | 6g.              | \$0.00                                | _                         |

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Debtor 1 Ronald Wells Case number (if known)

6h. Debts to pension or profit-sharing plans, and other similar debts
6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

6j. Total Nonpriority. Add lines 6f through 6i.

Case number (if known)

6h. \$ 0.00

6i. \$ 44,046.00

\$ 6i. \$ 61,332.00

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| Fill in this infor                      | mation to identify your | case:                  |           |  |
|---|-------------------------|------------------------|-----------|--|
| Debtor 1                                | Ronald Wells            |                        |           |  |
|   | First Name              | Middle Name            | Last Name |  |
| Debtor 2                                |                         |                        |           |  |
| (Spouse if, filing)                     | First Name              | Middle Name            | Last Name |  |
| United States Bankruptcy Court for the: |                         | DISTRICT OF NEW JERSEY |           |  |
| Case number                             |                         |                        |           |  |
| (if known)                              |                         |                        |           |  |
|   |                         |                        |           |  |

## Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company with<br>Name, Number, | whom you have the<br>, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|-------------------------------|--|-------------------|---|
| 2.1 |           |                               |  |                   |   |
|     | Name      |                               |  |                   | _                                       |
|     | Number    | Street                        |  |                   |   |
|     | City      |                               | State  | ZIP Code          |   |
| 2.2 |           |                               |  |                   |   |
|     | Name      |                               |  |                   |   |
|     | Number    | Street                        |  |                   | _                                       |
|     | City      |                               | State  | ZIP Code          | _                                       |
| 2.3 |           |                               |  |                   |   |
|     | Name      |                               |  |                   | _                                       |
|     | Number    | Street                        |  |                   | _                                       |
|     | City      |                               | State  | ZIP Code          |   |
| 2.4 |           |                               |  |                   |   |
|     | Name      |                               |  |                   | _                                       |
|     | Number    | Street                        |  |                   | _                                       |
|     | City      |                               | State  | ZIP Code          |   |
| 2.5 |           |                               |  |                   |   |
|     | Name      |                               |  |                   |   |
|     | Number    | Street                        |  |                   |   |
|     | City      |                               | State  | ZIP Code          |   |

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| Fill in thi            | s informat                             | tion to identify your                        | case:   |                                |                          |  |
|------------------------|--|--|---|--------------------------------|--------------------------|--|
| Debtor 1               |  | Ronald Wells                                 |   |                                |                          |  |
| Debtor 2               |  | First Name                                   | Middle Name   | Last Name                      |                          |  |
| (Spouse if, fi         | iling)                                 | First Name                                   | Middle Name   | Last Name                      | _                        |  |
| United St              | tates Bankr                            | ruptcy Court for the:                        | DISTRICT OF NEW JE  | RSEY                           |                          |  |
| Case nun               | mber                                   |  |   |                                |                          | ☐ Check if this is an amended filing   |
| Officia                | al Forn                                | n 106H                                       |   |                                |                          |  |
|                        |  | I: Your Cod                                  | ehtors  |                                |                          | 12/15  |
| ill it out,<br>our nam | and numb<br>e and cas                  | er the entries in the<br>e number (if known) |   | h the Additional Page to<br>n. | o this page. On the top  | eeded, copy the Additional Page,<br>o of any Additional Pages, write   |
| ■ No                   | o                                      |  |   |                                |                          |  |
| ☐ Ye                   | es                                     |  |   |                                |                          |  |
|                        |  |  | <b>I lived in a community p</b><br>, Nevada, New Mexico, Pe |                                |                          | states and territories include   |
| ■ No                   | o. Go to line                          | e 3.   |   |                                |                          |  |
| ☐ Ye                   | es. Did you                            | r spouse, former spo                         | use, or legal equivalent liv                                | e with you at the time?        |                          |  |
| in lin<br>Form         | ne 2 again<br>n 106D), So<br>Column 2. | as a codebtor only i                         | f that person is a guara<br>Form 106E/F), or Sched          | ntor or cosigner. Make s       | sure you have listed the | g with you. List the person shown to creditor on Schedule D (Official Schedule E/F, or Schedule G to fill ditor to whom you owe the debt s that apply: |
| 3.1                    |  |  |   |                                | ☐ Schedule D, line       | e  |
|                        | Name                                   |  |   |                                | ☐ Schedule E/F, li       |  |
|                        |  |  |   |                                | ☐ Schedule G, line       | e  |
|                        | Number<br>City                         | Street                                       | State   | ZIP Code                       |                          |  |
| 3.2                    |  |  |   |                                | ☐ Schedule D, line       | <u> </u>   |
| 5.2                    | Name                                   |  |   |                                | Schedule E/F, li         |  |
|                        |  |  |   |                                | ☐ Schedule G, line       | e  |
|                        | Number<br>City                         | Street                                       | State   | ZIP Code                       | _                        |  |

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| Fill       | in this information to identify your c   | ase:                         |  |                         |                              |                         |   |
|------------|--|------------------------------|--|-------------------------|------------------------------|-------------------------|---|
|            | otor 1 Ronald We   |                              |  |                         | _                            |                         |   |
|            | otor 2   |                              |  |                         | _                            |                         |   |
| Uni        | ted States Bankruptcy Court for the  | : DISTRICT OF NEW J          | JERSEY                                     |                         | _                            |                         |   |
|            | se number<br>  |                              | -  |                         |                              |                         | ed filing<br>ent showing postpetition chapter             |
| 0          | fficial Form 106I  |                              |  |                         | _                            |                         | as of the following date:                                 |
| -          | chedule I: Your Inc  | ome                          |  |                         | Ŋ                            | /IM / DD/ Y             | 12/1:   |
| sup<br>spo | as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form.  **Describe Employment** | are married and not filing w | ng jointly, and your ith you, do not inclu | spouse is<br>ide inforn | s living with<br>nation abou | you, incl<br>t your spo | ude information about your buse. If more space is needed, |
| 1.         | Fill in your employment  |                              | Debtor 1                                   |                         |                              | Dobtor 3                | 2 or non-filing spouse                                    |
|            | information.  If you have more than one job,   |                              | ■ Employed                                 |                         |                              | ☐ Employed              |   |
|            | attach a separate page with information about additional   | Employment status            | ☐ Not employed                             |                         |                              | ☐ Not e                 | •   |
|            | employers.   | Occupation                   | Warehouse Worker                           |                         |                              |                         |   |
|            | Include part-time, seasonal, or self-employed work.  | Employer's name              | Ferguson Ent                               | erprise                 | es LLC_                      |                         |   |
|            | Occupation may include student or homemaker, if it applies.  | Employer's address           | 50 Meadowland<br>Secaucus, NJ              |                         | kway                         |                         |   |
|            |  | How long employed t          | here? 12 Yea                               | ars                     |                              | _                       |   |
| Par        | t 2: Give Details About Mor  | nthly Income                 |  |                         |                              |                         |   |
|            | mate monthly income as of the duse unless you are separated.   | ate you file this form. If   | you have nothing to r                      | eport for a             | any line, writ               | e \$0 in the            | space. Include your non-filing                            |
|            | u or your non-filing spouse have mo<br>e space, attach a separate sheet to   |                              | ombine the informatio                      | n for all e             | mployers for                 | that perso              | on on the lines below. If you need                        |
|            |  |                              |  |                         | For De                       | btor 1                  | For Debtor 2 or non-filing spouse                         |
| 2.         | List monthly gross wages, sala deductions). If not paid monthly,   |                              |  | 2.                      | \$4,                         | 592.51                  | \$N/A   |
| 3.         | Estimate and list monthly overt  | ime pay.                     |  | 3.                      | +\$                          | 0.00                    | +\$N/A  |
| 4.         | Calculate gross Income. Add lin  | ne 2 + line 3.               |  | 4.                      | <b>\$</b> _4,59              | 2.51                    | \$N/A_  |

Official Form 106I Schedule I: Your Income page 1

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| Deb | ebtor1 Ronald Wells  |  | Case number (if known)  |   |
|-----|--|--|---|---|
|     |  |  |   | For Debtor 2 or non-filing spouse   |
|     | Copy line 4 here   | 4.   | <b>\$</b> 4,592.51  | \$N/A_  |
| 5.  | List all payroll deductions:   |  |   |   |
|     | <ul> <li>5a. Tax, Medicare, and Social Security deductions</li> <li>5b. Mandatory contributions for retirement plans</li> <li>5c. Voluntary contributions for retirement plans</li> <li>5d. Required repayments of retirement fund loans</li> <li>5e. Insurance</li> <li>5f. Domestic support obligations</li> <li>5g. Union dues</li> <li>5h. Other deductions. Specify:</li> </ul>   | 5a.<br>5b.<br>5c.<br>5d.<br>5e.<br>5f.<br>5g.<br>5h.+                                    | \$ 903.78<br>\$ 25.00<br>\$ 367.40<br>\$ 223.54<br>\$ 0.00<br>\$ 67.77<br>\$ 0.00 + | \$ N/A<br>N/A<br>\$ N/A<br>\$ N/A<br>\$ N/A<br>\$ N/A<br>\$ N/A<br>\$ N/A |
| 6.  | Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5l  | h. 6.  | <b>1,</b> 587.49  | \$N/A_  |
| 7.  | ,  | J. 7.  | \$3,005.02  | \$N/A_  |
| 8.  | List all other income regularly received:  8a. Net income from rental property and from operating a bus profession, or farm  Attach a statement for each property and business showing grand receipts, ordinary and necessary business expenses, and the stand through the monthly net income.  8b. Interest and dividends  8c. Family support payments that you, a non-filing spouse, or regularly receive Include alimony, spousal support, child support, maintenance, settlement, and property settlement.  8d. Unemployment compensation  8e. Social Security  8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cathat you receive, such as food stamps (benefits under the Supposition Assistance Program) or housing subsidies. Specify:  8g. Pension or retirement income  8h. Other monthly income. Specify: Social Security Date of the supposition of the | oss total  8a. 8b.  a dependent  divorce  8c. 8d. 8e.  ash assistance plemental  8f. 8g. | \$ 0.00<br>\$ 0.00<br>\$ 0.00   | \$ N/A N/A N/A \$ N/A    |
| 9.  | Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.   | \$ 1,018.00   | \$ N/A  |
| 10. | <ul> <li>Calculate monthly income. Add line 7 + line 9.</li> <li>Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spoul.</li> <li>State all other regular contributions to the expenses that you list</li> </ul>   | 10. \$   | 4,023.02 + \$   | N/A = \$ 4,023.02   |
| 12. | Include contributions from an unmarried partner, members of your ho other friends or relatives.  Do not include any amounts already included in lines 2-10 or amount Specify:  2. Add the amount in the last column of line 10 to the amount in line.  Write that amount on the Symposius of Schoolules and Statistical Symposius of Schoolules and Symposius of Schoolules and Symposius of Schoolules and Statistica | ts that are not availab  | le to pay expenses listed   | I in <i>Schedule J.</i> 11. +\$0.00 pme.                                  |
| 13. | Write that amount on the Summary of Schedules and Statistical Sum applies  B. Do you expect an increase or decrease within the year after you  No.   | ŕ  | urues and Kelated <i>Data</i> , ।   | 12. \$\frac{4,023.02}{Combined monthly income}                            |
|     | ☐ Yes Explain:   |  |   |   |

Official Form 106l Schedule I: Your Income page 2

| Fill      | in this information to identify your case:  |                            |            |                                   |                               |
|-----------|---|----------------------------|------------|-----------------------------------|-------------------------------|
| Deb       | otor1 Ronald Wells  |                            | Ch<br>□    | eck if this is: An amended filing |                               |
| 1         | otor 2  |                            |            |                                   | wing postpetition chapter     |
| (Spo      | ouse, if filing)  |                            |            | 13 expenses as of                 | the following date:           |
| Unit      | ted States Bankruptcy Court for the: DISTRICT OF NEW JERSEY   | ,                          |            | MM / DD / YYYY                    |                               |
|           | se numberknown)   |                            |            |                                   |                               |
| Of        | fficial Form 106J   |                            |            |                                   |                               |
| S         | chedule J: Your Expenses  |                            |            |                                   | 12/15                         |
| info      | as complete and accurate as possible. If two married peopl<br>ormation. If more space is needed, attach another sheet to t<br>mber (if known). Answer every question. |                            |            |                                   |                               |
| Par<br>1. | t 1: Describe Your Household Is this a joint case?  |                            |            |                                   |                               |
|           | ■ No. Go to line 2.  □ Yes. Does Debtor 2 live in a separate household?   |                            |            |                                   |                               |
|           | ☐ No☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Exper</i>  | nses for Separate House    | hold of De | ebtor 2.                          |                               |
| 2.        | Do you have dependents? ☐ No  |                            |            |                                   |                               |
|           | Do not list Debtor 1 and Debtor 2. Fill out this information feach dependent  | •                          |            | Dependent's age                   | Does dependent live with you? |
|           | Do not state the  |                            |            |                                   | □ No                          |
|           | dependents names.   | Daughter                   |            | 32                                | Yes                           |
|           |   |                            |            |                                   | □ No                          |
|           |   |                            |            |                                   | Yes                           |
|           |   |                            |            |                                   | □ No                          |
|           |   |                            |            |                                   | ☐ Yes<br>☐ No                 |
|           |   |                            |            |                                   | ☐ Yes                         |
| 3.        | Do your expenses include expenses of people other than yourself and your dependents?  |                            |            | _                                 | <b>—</b> 163                  |
| Par       | rt 2: Estimate Your Ongoing Monthly Expenses  |                            |            |                                   |                               |
| Est       | timate your expenses as of your bankruptcy filing date unlesses as of a date after the bankruptcy is filed. If this is a splicable date.                              |                            |            |                                   |                               |
| Inc       | lude expenses paid for with non-cash government assistan  | nce if you know            |            |                                   |                               |
|           | e value of such assistance and have included it on <i>Schedule</i> ficial Form 106I.)   | e I: Your Income           |            | Your exp                          | enses                         |
| 4.        | The rental or home ownership expenses for your resident payments and any rent for the ground or lot.  | ce. Include first mortgage | 4.         | \$                                | 1,400.00                      |
|           | If not included in line 4:  |                            |            |                                   |                               |
|           | 4a. Real estate taxes   |                            | 4a.        |                                   | 0.00                          |
|           | 4b. Property, homeowner's, or renter's insurance  |                            | 4b.        | · <del></del>                     | 0.00                          |
|           | Home maintenance, repair, and upkeep expenses     Homeowner's association or condominium dues   |                            | 4c.<br>4d. | \$<br>\$                          | 0.00                          |
| 5         | Additional mortgage payments for your residence, such or  | a hama aquity laans        | 4u.        | Ψ                                 | 0.00                          |

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| Deb | tor1 Ronald Wells   | Case num     | nber (if known) |                              |
|-----|---|--------------|-----------------|------------------------------|
| 6.  | Utilities:  |              |                 |                              |
|     | 6a. Electricity, heat, natural gas  | 6a.          | \$              | 0.00                         |
|     | 6b. Water, sewer, garbage collection  | 6b.          |                 | 0.00                         |
|     | 6c. Telephone, cell phone, Internet, satellite, and cable services                                    | 6c.          | ·               | 360.00                       |
|     | 6d. Other. Specify:   | 6d.          |                 | 0.00                         |
| 7   | Food and housekeeping supplies  | — 7.         |                 | 820.00                       |
| 7.  | Childcare and children's education costs  |              |                 | 0.00                         |
| 8.  |   | 8.           | · -             |                              |
| 9.  | Clothing, laundry, and dry cleaning   | _            | \$              | 180.00                       |
|     | Personal care products and services   | 10.          |                 | 140.00                       |
|     | Medical and dental expenses   | 11.          | \$              | 165.00                       |
| 12. | Transportation. Include gas, maintenance, bus or train fare.  | 4.0          | •               | 200 00                       |
|     | Do not include car payments.  | 12.          |                 | 300.00                       |
|     | Entertainment, clubs, recreation, newspapers, magazines, and books                                    | 13.          |                 | 100.00                       |
| 14. | Charitable contributions and religious donations  | 14.          | \$              | 50.00                        |
| 15. | Insurance.  |              |                 |                              |
|     | Do not include insurance deducted from your pay or included in lines 4 or 20.                         |              |                 |                              |
|     | 15a. Life insurance   | 15a.         | \$              | 0.00                         |
|     | 15b. Health insurance   | 15b.         |                 | 0.00                         |
|     | 15c. Vehicle insurance  | 15c.         |                 | 220.00                       |
|     | 15d. Other insurance. Specify:  | 15d.         | · -             | 0.00                         |
| 16  | <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.               | 100.         | Ψ               |                              |
| 10. |   | 16.          | ¢               | 0.00                         |
| 47  | Specify:  | 10.          | Φ               | 0.00                         |
| 17. | Installment or lease payments:  | 47-          | •               |                              |
|     | 17a. Car payments for Vehicle 1   | 17a.         | · ·             | 287.00                       |
|     | 17b. Car payments for Vehicle 2   | 17b.         |                 | 0.00                         |
|     | 17c. Other. Specify:  | 17c.         | ·               | 0.00                         |
|     | 17d. Other. Specify:  | 17d.         | \$              | 0.00                         |
| 18. | Your payments of alimony, maintenance, and support that you did not report as                         |              | _               |                              |
|     | deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).                       | 18.          | \$              | 0.00                         |
| 19. | Other payments you make to support others who do not live with you.                                   |              | \$              | 0.00                         |
|     | Specify:  | 19.          |                 |                              |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on School                   | lule I: Yo   | our Income.     |                              |
|     | 20a. Mortgages on other property  | 20a.         |                 | 0.00                         |
|     | 20b. Real estate taxes  | 20b.         |                 | 0.00                         |
|     | 20c. Property, homeowner's, or renter's insurance   | 20c.         |                 | 0.00                         |
|     | 20d. Maintenance, repair, and upkeep expenses   | 20d.         | · -             | 0.00                         |
|     | 20e. Homeowner's association or condominium dues  | 20d.<br>20e. |                 | 0.00                         |
| 0.4 |   |              |                 |                              |
| 21. | Other: Specify:   | 21.          | +\$             | 0.00                         |
| 22  | Calculate your monthly expenses   |              |                 |                              |
|     | 22a. Add lines 4 through 21.  |              | \$              | 4,022.00                     |
|     | · · · · · · · · · · · · · · · · · · ·   |              |                 | 4,022.00                     |
|     | 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2                  |              | \$              |                              |
|     | 22c. Add line 22a and 22b. The result is your monthly expenses.                                       |              | \$              | 4,022.00                     |
|     |   |              |                 |                              |
| 23. | Calculate your monthly net income.  |              |                 |                              |
|     | 23a. Copy line 12 (your combined monthly income) from Schedule I.                                     | 23a.         |                 | 4,023.02                     |
|     | 23b. Copy your monthly expenses from line 22c above.  | 23b.         | -\$             | 4,022.00                     |
|     |   |              |                 |                              |
|     | 23c. Subtract your monthly expenses from your monthly income.   |              |                 |                              |
|     | The result is your monthly net income.  | 23c.         | \$              | 1.02                         |
|     | · · · · <b>/</b> · · · · · · · · · · · · · · · · · · ·  |              | 1               |                              |
| 24. | Do you expect an increase or decrease in your expenses within the year after you                      | ı file this  | s form?         |                              |
| ••  | For example, do you expect to finish paying for your car loan within the year or do you expect your r |              |                 | ise or decrease because of a |
|     | modification to the terms of your mortgage?   | 3 0          |                 |                              |
|     | ■ No.   |              |                 |                              |
|     | -   |              |                 |                              |
|     | Yes. Explain here:  |              |                 |                              |

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| Fill in this inform                  | mation to identify your                          | case:   |                            |                 |  |
|--------------------------------------|--|---|----------------------------|-----------------|--|
| Debtor 1                             | Ronald Wells                                     |   |                            |                 |  |
| Dobtor 2                             | First Name                                       | Middle Name   | Last Name                  |                 |  |
| Debtor 2<br>(Spouse if, filing)      | First Name                                       | Middle Name   | Last Name                  |                 |  |
| United States Ba                     | ankruptcy Court for the:                         | DISTRICT OF NEW JERSEY  |                            |                 |  |
| Case number _ (if known)             |  |   |                            |                 | ☐ Check if this is an amended filing                                   |
| Official Forr                        |  | ın Individual De  | btor's Sched               | ules            | 12/15  |
| obtaining money<br>years, or both. 1 |  | ile bankruptcy schedules or am<br>n connection with a bankruptcy<br> 519, and 3571. |                            |                 |  |
| Did you pa                           | y or agree to pay some                           | one who is NOT an attorney to   | help you fill out bankrupt | cy forms?       |  |
| ■ No                                 |  |   |                            |                 |  |
| ☐ Yes. N                             | Name of person                                   |   |                            |                 | uptcy Petition Preparer's Notice,<br>and Signature (Official Form 119) |
|                                      | Ity of perjury, I declare<br>e true and correct. | that I have read the summary a  | nd schedules filed with th | nis declaration | and  |
| <b>X</b> /s/ R                       | onald Wells                                      |   | X                          |                 |  |
| Ronal                                | d Wells<br>re of Debtor 1                        |   | Signature of Debtor 2      |                 |  |
| Date 1                               | March 5, 2025                                    |   | Date                       |                 |  |

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| Fill ir         | this inform           | ation to identify you                      | r case:  |   |  |   |
|-----------------|-----------------------|--|--|---|--|---|
| Debto           | or 1                  | Ronald Wells                               |  |   |  |   |
| Dobte           | ~ · · ·               | First Name                                 | Middle Name  | Last Name   |  |   |
| Debto<br>(Spous | or ∠<br>e if, filing) | First Name                                 | Middle Name  | Last Name   |  |   |
| Unite           | d States Ban          | kruptcy Court for the:                     | DISTRICT OF NEW JERS   | SEY   |  |   |
| Case            | number                |  |  |   |  |   |
| (if knov        |                       |  |  |   | _  | Check if this is an mended filing                     |
|                 |                       |  |  |   |  |   |
| Offi            | cial For              | m 107                                      |  |   |  |   |
|                 |                       |  | Affairs for Individ  | duals Filing for B                                    | ankruptcy                                  | 04/22   |
|                 |                       |  |  |   | equally responsible for sup                |   |
| inforn          | nation. If mo         | ore space is needed,                       | attach a separate sheet to   |   | additional pages, write you                |   |
| numb            | er (if known          | ). Answer every ques                       | stion.   |   |  |   |
| Part '          | Give De               | etails About Your Ma                       | rital Status and Where You   | Lived Before  |  |   |
| 1. V            | Vhat is your          | current marital statu                      | s?   |   |  |   |
|                 | ☐ Married             |  |  |   |  |   |
|                 | Not marr              | ied  |  |   |  |   |
| 2. C            | Ouring the la         | st 3 vears. have vou                       | lived anywhere other than  | where vou live now?                                   |  |   |
|                 | _                     | , , , ,                                    |  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,               |  |   |
|                 | ■ No                  | all af the other areas and                 | South the least Occasion Decision  | . Carlo da colona con 18 a caro                       |  |   |
| L               |                       | all of the places you i                    | ived in the last 3 years. Do no  | ot include where you live now                         | · .  |   |
| 1               | Debtor 1:             |  | Dates Debtor 1 lived there   | Debtor 2 Prior Ad                                     | dress:                                     | Dates Debtor 2<br>lived there                         |
| 3. V            | Vithin the la         | st 8 vears did vou ev                      | ver live with a snouse or led  | ial equivalent in a commun                            | ity property state or territory            | 12 (Community property                                |
|                 |                       |  |  |   | ico, Texas, Washington and W               |   |
|                 | No                    |  |  |   |  |   |
| -               | ■ No<br>□ Yes. Mal    | ke sure vou fill out <i>Sch</i>            | nedule H: Your Codebtors (Of   | ficial Form 106H).                                    |  |   |
|                 |                       | to care you out co.                        |  |   |  |   |
| Part 2          | 2 Explain             | the Sources of You                         | r Income   |   |  |   |
| F               | ill in the total      | amount of income yo                        | nployment or from operatin<br>u received from all jobs and a<br>have income that you receive | all businesses, including part                        |  | ndar years?   |
|                 | □ No                  |  |  |   |  |   |
|                 | _                     | in the details.                            |  |   |  |   |
|                 | - 100.11              | in the details.                            |  |   |  |   |
|                 |                       |  | Debtor 1   |   | Debtor 2                                   |   |
|                 |                       |  | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply. | Gross income<br>(before deductions<br>and exclusions) |
|                 |                       | of current year until<br>I for bankruptcy: | ■ Wages, commissions, bonuses, tips  | \$12,366.21   | ☐ Wages, commissions, bonuses, tips        |   |
|                 |                       |  | ☐ Operating a business   |   | ☐ Operating a business                     |   |

Entered 03/10/25 09:09:30 Case 25-12426-VFP Doc 1 Filed 03/10/25 Desc Main Page 34 of 52 Document Debtor 1 Ronald Wells Case number (if known) Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income Gross income Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$48,489.21 ☐ Wages, commissions, Wages, commissions, (January 1 to December 31, 2024) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business For the calendar year before that: \$45,790.00 ☐ Wages, commissions, ■ Wages, commissions, (January 1 to December 31, 2023) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business For the calendar year: \$45,274.00 ☐ Wages, commissions, Wages, commissions, (January 1 to December 31, 2022) bonuses, tips bonuses, tips ☐ Operating a business Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Nο Yes. Fill in the details.

| Debtor 1                             |   | Debtor 2                             |   |  |  |  |
|--------------------------------------|---|--------------------------------------|---|--|--|--|
| Sources of income<br>Describe below. | Gross income from<br>each source<br>(before deductions and<br>exclusions) | Sources of income<br>Describe below. | Gross income<br>(before deductions<br>and exclusions) |  |  |  |

### Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

| 6. | Are either Debtor 1's or Debtor 2's debts primarily consume | er debts? |
|----|---|-----------|
|----|---|-----------|

☐ No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose," During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575\* or more?

□ No. Go to line 7.

□ Yes List below each creditor to whom you paid a total of \$7,575\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.

### Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address Dates of payment **Total amount** Amount you Was this payment for ... still owe paid

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|--|---|-------------------------|----------------------|-------------------------|----------------------------|--------------------------|
|  |   |                         |                      |                         |                            |                          |
| 7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?  Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, include a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support a alimony. |   |                         |                      |                         |                            |                          |
|  | <ul><li>No</li><li>☐ Yes. List all payments to an insider.</li></ul>  |                         |                      |                         |                            |                          |
|  | Insider's Name and Address  | Dates of payment        | Total amount paid    | Amount you still owe    | Reason for                 | this payment             |
| 8.   | Within 1 year before you filed for bankruptoinsider? Include payments on debts guaranteed or cos  No  |                         | ments or transfer a  | ny property on a        | ccount of a de             | ebt that benefited an    |
|  | Yes. List all payments to an insider  |                         |                      |                         | _                          |                          |
|  | Insider's Name and Address  | Dates of payment        | Total amount paid    | Amount you<br>still owe | Reason for<br>Include cred | this payment itor's name |
| Par  | t 4: Identify Legal Actions, Repossession   | s, and Foreclosures     |                      |                         |                            |                          |
| 9.   | Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes.  No Yes Fill in the details |                         |                      |                         |                            |                          |
|  | Case title  | Nature of the case      | Court or agency      |                         | Status of th               | e case                   |
| <ul> <li>Case number</li> <li>Within 1 year before you filed for bankruptcy, was any of your property repossessed, forec Check all that apply and fill in the details below.</li> <li>No. Go to line 11.</li> <li>Yes. Fill in the information below.</li> </ul>   |   |                         | oreclosed, garni     | shed, attached          | I, seized, or levied?      |                          |
|  | Creditor Name and Address   | Describe the Property   |                      | Date                    |                            | Value of the             |
|  |   | Explain what happene    | d                    |                         |                            | property                 |
| 11.  |   |                         |                      |                         |                            | mounts from your         |
|  | Creditor Name and Address   | Describe the action the | e creditor took      | Date<br>taker           | action was                 | Amount                   |
| 12.  | Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or a  |                         | erty in the possessi | on of an assigne        | e for the bene             | efit of creditors, a     |

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

Part 5: List Certain Gifts and Contributions

Dates you gave the gifts Gifts with a total value of more than \$600 Describe the gifts Value per person Person to Whom You Gave the Gift and Address:

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Case number (if known)

| 14. | Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?  ■ No □ Yes. Fill in the details for each gift or contribution.   |   |  |          |  |                        |
|-----|---|---|--|----------|--|------------------------|
|     | Gifts or contributions to charities that to<br>more than \$600<br>Charity's Name<br>Address (Number, Street, City, State and ZIP Code)  |   | Describe what you contributed                  |          | Dates you contributed                    | Value                  |
| Par | t 6: List Certain Losses  |   |  |          |  |                        |
| 15. | Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster or gambling?  |   |  |          |  |                        |
|     | ■ No □ Yes. Fill in the details.  |   |  |          |  |                        |
|     | Describe the property you lost and  Describe any insurance coverage for the loss  |   |  |          | Date of your                             | Value of property      |
|     | how the loss occurred   | Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. |  |          | loss                                     | lost                   |
| Par |   |   |  |          |  |                        |
|     | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?  Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.  No  Yes, Fill in the details.   |   |  |          |  |                        |
|     | — Too. I ill ill the detaile.   |   |  |          |  |                        |
|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not Yo  | ou  | Description and value of any propertransferred | erty     | Date payment<br>or transfer was<br>made  | Amount of<br>payment   |
|     | Low and Low<br>505 Main Street<br>Hackensack, NJ 07601<br>Rbear611@AOL.com  |   | Attorney Fees                                  |          |  | \$1,750.00             |
| 17. | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?  Do not include any payment or transfer that you listed on line 16.   |   |  |          |  |                        |
|     | ■ No □ Yes, Fill in the details.  |   |  |          |  |                        |
|     | Person Who Was Paid   | Description and value of any property   |  | ertv     | Date payment                             | Amount of              |
|     | Address   |   | transferred                                    | orty     | or transfer was made                     | payment                |
|     | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. |   |  |          |  |                        |
|     | ■ No □ Yes Fill in the details  |   |  |          |  |                        |
|     |   |   | Description and value of                       | Doggribs | any proporty or                          | Data transfer was      |
|     | Person Who Received Transfer<br>Address   |   | Description and value of property transferred  |          | any property or received or debts change | Date transfer was made |
|     | Person's relationship to you  |   |  |          |  |                        |

Debtor 1 Ronald Wells

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Debtor 1 Ronald Wells Case number (if known)

| 19. | Within 10 years before you filed for bankrupto beneficiary? (These are often called asset-prote   |   | ny property to a        | self-settle             | d trust or similar device                            | of which you ar      | re a  |
|-----|---|---|-------------------------|-------------------------|--|----------------------|---|
|     | <ul><li>No</li><li>Yes. Fill in the details.</li></ul>  |   |                         |                         |  |                      |   |
|     | Name of trust   | Description and   | value of the pro        | perty trans             | sferred  | Date Transfermade    | r was   |
| Pa  | rt 8: List of Certain Financial Accounts, Inst  | ruments, Safe Deposi  | t Boxes, and St         | torage Unit             | ts   |                      | fer was<br>closed,<br>kerage<br>balance<br>osing or<br>transfer<br>urities, |
| 20. | Within 1 year before you filed for bankruptcy, sold, moved, or transferred?   | , were any financial ac                                       | counts or instr         | uments he               | eld in your name, or for y                           | our benefit, clo     | sed,  |
|     | Include checking, savings, money market, or houses, pension funds, cooperatives, associ   |   |                         |                         | it; shares in banks, cred                            | it unions, broke     | rage  |
|     | <ul><li>No</li><li>Yes. Fill in the details.</li></ul>  |   |                         |                         |  |                      |   |
|     |   | Last 4 digits of account number                               | Type of acco instrument | unt or                  | Date account was closed, sold, moved, or transferred | before closi         | ing or  |
| 21. | Do you now have, or did you have within 1 ye cash, or other valuables?  | ear before you filed for                                      | r bankruptcy, a         | ny safe de <sub>l</sub> | posit box or other depos                             | sitory for securit   | ties,   |
|     | ■ No □ Yes. Fill in the details.  |   |                         |                         |  |                      |   |
|     | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)   | Who else had acc<br>Address (Number, S<br>State and ZIP Code) |                         | Describe                | the contents   | Do you stil have it? | II  |
| 22. | Have you stored property in a storage unit or   | place other than you  | r home within 1         | year before             | re you filed for bankrupt                            | cy?                  |   |
|     | No Yes. Fill in the details.  |   |                         |                         |  |                      |   |
|     | Name of Storage Facility  | Who else has or   | had access              | Describe                | the contents   | Do you stil          | II  |
|     | Address (Number, Street, City, State and ZIP Code)  | to it? Address (Number, S State and ZIP Code)                 |                         |                         |  | have it?             |   |
| Pa  | rt 9: Identify Property You Hold or Control fo  | or Someone Else   |                         |                         |  |                      |   |
| 23. | Do you hold or control any property that som for someone.   | neone else owns? Incl   | ude any proper          | ty you bor              | rowed from, are storing                              | for, or hold in tr   | rust  |
|     | ■ No □ Yes. Fill in the details.  |   |                         |                         |  |                      |   |
|     | Owner's Name Address (Number, Street, City, State and ZIP Code)   | Where is the prop<br>(Number, Street, City, S<br>Code)        |                         | Describe                | the property   |                      | Value   |
| Pa  | rt 10: Give Details About Environmental Infor   | ,   |                         |                         |  |                      |   |
|     | the purpose of Part 10, the following definition  |   |                         |                         |  |                      |   |
|     | Environmental law means any federal, state, toxic substances, wastes, or material into the regulations controlling the cleanup of these s | e air, land, soil, surfac                                     | e water, ground         |                         |  |                      | us or   |
|     | Site means any location, facility, or property to own, operate, or utilize it, including dispos   | as defined under any  |                         | law, wheth              | er you now own, operat                               | e, or utilize it or  | used  |

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

hazardous material, pollutant, contaminant, or similar term.

Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

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Debtor 1 Ronald Wells Case number (if known)

| 24.           | Has any governmental unit notified you tha   | at you may be liable or potentially liable   | under or in violation of an environmen                   | ntal law?          |
|---------------|--|--|--|--------------------|
|               | ■ No □ Yes. Fill in the details.   |  |  |                    |
|               | Name of site<br>Address (Number, Street, City, State and ZIP Code)   | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code)   | Environmental law, if you know it                        | Date of notice     |
| 25.           | Have you notified any governmental unit o  | f any release of hazardous material?   |  |                    |
|               | ■ No □ Yes. Fill in the details.   |  |  |                    |
|               | Name of site<br>Address (Number, Street, City, State and ZIP Code)   | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code)   | Environmental law, if you know it                        | Date of notice     |
| 26.           | Have you been a party in any judicial or ad  | ministrative proceeding under any envi   | ronmental law? Include settlements ar                    | nd orders.         |
|               | ■ No<br>□ Yes. Fill in the details.  |  |  |                    |
|               | Case Title<br>Case Number  | Court or agency Name Address (Number, Street, City, State and ZIP Code)  | Nature of the case                                       | Status of the case |
| Par           | 11: Give Details About Your Business or  | Connections to Any Business  |  |                    |
| 27.           | ☐ A member of a limited liability com ☐ A partner in a partnership ☐ An officer, director, or managing ex ☐ An owner of at least 5% of the voting ■ No. None of the above applies. Go to | in a trade, profession, or other activity, pany (LLC) or limited liability partnershi xecutive of a corporation ag or equity securities of a corporation | either full-time or part-time                            | business?          |
|               | Address<br>(Number, Street, City, State and ZIP Code)  | Name of accountant or bookkeeper   | Do not include Social Security n  Dates business existed | umber or ITIN.     |
|               | Within 2 years before you filed for bankrup institutions, creditors, or other parties.   | otcy, did you give a financial statement t   | o anyone about your business? Includ                     | de all financial   |
|               | No  Yes. Fill in the details below.  Name Address (Number, Street, City, State and ZIP Code)   | Date Issued  |  |                    |
| Par           | 12: Sign Below   |  |  |                    |
| are t<br>with | e read the answers on this <i>Statement of Fi</i><br>rue and correct. I understand that making a<br>a bankruptcy case can result in fines up to<br>S.C. §§ 152, 1341, 1519, and 3571.    | a false statement, concealing property, o  | or obtaining money or property by frau                   |                    |
| Ror           | Ronald Wells<br>ald Wells<br>nature of Debtor 1  | Signature of Debtor 2  |  |                    |
| Date          | March 5, 2025  | Date   |  |                    |

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Debtor 1 Ronald Wells

Case number (if known)

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

No

Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No

Yes. Name of Person

Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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|                                      |   |                       |                         |   | _              |                           |
|--------------------------------------|---|-----------------------|-------------------------|---|----------------|---------------------------|
| Fill in this inform                  | mation to identify your                         | case:                 |                         |   |                |                           |
| Debtor 1                             | Ronald Wells                                    |                       |                         |   | 1              |                           |
|                                      | First Name                                      | Middle Name           | Last                    | Name  |                |                           |
| Debtor 2                             | First Name                                      | Middle News           | Look                    | No.   |                |                           |
| (Spouse if, filing)                  | First Name                                      | Middle Name           | Last                    | Name  |                |                           |
| United States Ba                     | inkruptcy Court for the:                        | DISTRICT OF NE        | W JERSEY                |   |                |                           |
| Casa numbar                          |   |                       |                         |   |                |                           |
| Case number _ (if known)             |   |                       |                         |   |                | Check if this is an       |
|                                      |   |                       |                         |   |                | amended filing            |
|                                      |   |                       |                         |   |                |                           |
| 0((; ; )   E                         | 400   |                       |                         |   |                |                           |
| Official Fo                          | rm 108  |                       |                         |   |                |                           |
| Statemer                             | nt of Intentio                                  | n for Indiv           | ∕iduals Fil             | ing Under Chapt   | er 7           | 12/15                     |
|                                      |   |                       |                         |   |                |                           |
| If you are an indi                   | ividual filing under cha                        | pter 7, you must fil  | ll out this form if:    |   |                |                           |
| creditors have                       | e claims secured by yo                          | ur property, or       |                         |   |                |                           |
| you have leas                        | sed personal property a                         | nd the lease has n    | ot expired.             |   |                |                           |
|                                      |   |                       |                         | ruptcy petition or by the date s  |                |                           |
| on the                               | •   | ie court exterios tri | le time for cause.      | ou must also send copies to the   | ne credito     | rs and lessors you list   |
|                                      |   |                       |                         |   |                |                           |
|                                      | eople are filing together<br>nd date the form.  | r in a joint case, bo | oth are equally res     | ponsible for supplying correct  | informatio     | n. Both debtors must      |
| •                                    |   |                       |                         |   |                |                           |
|                                      | and accurate as possib<br>our name and case nur |                       | s needed, attach a      | separate sheet to this form. Or   | n the top o    | of any additional pages,  |
| write y                              | our name and case nur                           | ilber (il kilowii).   |                         |   |                |                           |
| Part 1: List Yo                      | our Creditors Who Have                          | e Secured Claims      |                         |   |                |                           |
| 4                                    | ana that was listed in D                        | out 4 of Cobodulo D   | . Canaditana 18/15 a 11 | lava Claima Caavaad ku Baaraa   | (Officie       | Farm 40CD)   fill in the  |
| information be                       | -   | art 1 of Schedule L   | : Creditors who H       | ave Claims Secured by Proper  | ty (Officia    | i Form 106D), fill in the |
| Identify the cre                     | editor and the property the                     | hat is collateral     |                         | tend to do with the property tha  |                | d you claim the property  |
|                                      |   |                       | secures a debt          |   | as             | exempt on Schedule C?     |
|                                      |   |                       |                         |   |                |                           |
| Creditor's B                         | ETHPAGE FCU                                     |                       | ☐ Surrender the         | e property.   |                | No                        |
| name:                                |   |                       |                         | operty and redeem it.   | _              | 110                       |
|                                      |   |                       | Retain the pro          | operty and enter into a   |                | Yes                       |
| Description of                       | 2016 Hyundai Sa<br>106,000 miles                | ante Fe               | •                       | n Agreement.  |                |                           |
| property                             |   |                       | ☐ Retain the pro        | operty and [explain]:   |                |                           |
| securing debt:                       |   |                       |                         |   |                |                           |
| Part 2: List Yo                      | our Unexpired Persona                           | I Property Leases     |                         |   |                |                           |
| For any unexpire                     | ed personal property le                         | ase that you listed   |                         | ecutory Contracts and Unexpi  |                |                           |
|                                      |   |                       |                         | e leases that are still in effect; to<br>ot assume it. 11 U.S.C. § 365(p) |                | period has not yet ended. |
| Tou may assume                       | e an unexpired persona                          | ii property lease ii  | the trustee does n      | ot assume it. 11 0.3.0. § 303(p)  | )( <b>2</b> ). |                           |
| Describe your u                      | nexpired personal prop                          | perty leases          |                         |   | Will the       | e lease be assumed?       |
|                                      |   |                       |                         |   | _              |                           |
| Lessor's name:<br>Description of lea | ased  |                       |                         |   | ☐ No           |                           |
| Property:                            | 4004  |                       |                         |   | ☐ Yes          | •                         |
|                                      |   |                       |                         |   | <b>_</b> 165   |                           |
| Lessor's name:                       |   |                       |                         |   | □ No           |                           |
| Description of lea                   | ased  |                       |                         |   |                |                           |
| Property:                            |   |                       |                         |   | ☐ Yes          |                           |

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| Debtor 1 Ronald Wells   | Case number (if known)                                     |
|---|--|
|   |  |
| Lessor's name:  | □ No   |
| Description of leased Property:   | ☐ Yes  |
| Lessor's name:  | □ No   |
| Description of leased Property:   | ☐ Yes  |
| Lessor's name: Description of leased  | □ No   |
| Property:   | ☐ Yes  |
| Lessor's name: Description of leased  | □ No   |
| Property:   | ☐ Yes  |
| Lessor's name: Description of leased  | □ No   |
| Property:   | ☐ Yes  |
| Part 3: Sign Below  |  |
| Jnder penalty of perjury, I declare that I have indicated my intention about any poroperty that is subject to an unexpired lease. | property of my estate that secures a debt and any personal |
| X /s/ Ronald Wells X  |  |
| Ronald Wells Signa Signature of Debtor 1  | ature of Debtor 2  |
| Signature of Debior 1   |  |
| Date March 5, 2025  |  |

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| Fill ir          | n this information to identify your case:   |                             | Ch                                  | eck or            | ne box only as di                       | irected in this form and  | in Form                         |
|------------------|---|-----------------------------|-------------------------------------|-------------------|---|---|---------------------------------|
| Debt             | or 1 Ronald Wells   |                             | 12:                                 | 2A-1S             | upp:                                    |   |                                 |
| Debt             | or 2 se, if filing)   |                             |                                     | ■ <sub>1.</sub> - | There is no presu                       | umption of abuse  |                                 |
| ` '              | ed States Bankruptcy Court for the: District of New Jersey  |                             |                                     |                   | applies will be m                       | o determine if a presur   | •                               |
| Case<br>(if know | e number<br>wn)   |                             |                                     | □ 3. <sup>-</sup> | The Means Test                          | cial Form 122A-2).  does not apply now be service but it could ap |                                 |
|                  |   |                             |                                     |                   |   | ·   | ply later.                      |
| Ott.             | icial Form 100A 1   |                             |                                     | ⊔ Cr              | ieck if this is ai                      | n amended filing  |                                 |
|                  | icial Form 122A - 1   | . = =                       |                                     |                   |   |   |                                 |
| Ch               | apter 7 Statement of Your Current   | t Mor                       | nthly inc                           | om                | е                                       |   | 12/19                           |
| attach<br>case r | complete and accurate as possible. If two married people are filing a separate sheet to this form. Include the line number to which the number (if known). If you believe that you are exempted from a presying military service, complete and file Statement of Exemption from a Calculate Your Current Monthly Income | e addition sumption         | nal information a<br>of abuse becau | applies           | . On the top of ar                      | ny additional pages, writ<br>narily consumer debts o              | te your name and or because of  |
| 1.               | What is your marital and filing status? Check one only.   |                             |                                     |                   |   |   |                                 |
|                  | ■ Not married. Fill out Column A, lines 2-11.   |                             |                                     |                   |   |   |                                 |
|                  | ☐ Married and your spouse is filing with you. Fill out both (   | Columns                     | A and B, lines                      | 2-11.             |   |   |                                 |
|                  | ☐ Married and your spouse is NOT filing with you. You an  | ıd your s                   | spouse are:                         |                   |   |   |                                 |
|                  | ☐ Living in the same household and are not legally sep  | arated.                     | Fill out both Co                    | lumns             | A and B, lines 2                        | 2-11.   |                                 |
|                  | ☐ Living separately or are legally separated. Fill out Colupenalty of perjury that you and your spouse are legally s living apart for reasons that do not include evading the №   | eparated                    | d under nonban                      | krupto            | y law that applie                       | es or that you and your   |                                 |
| 10<br>the        | Il in the average monthly income that you received from all sources 11(10A). For example, if you are filing on September 15, the 6-month per e 6 months, add the income for all 6 months and divide the total by 6. Fil ouses own the same rental property, put the income from that property is                        | riod would<br>II in the res | be March 1 throsult. Do not include | ugh Au<br>de any  | gust 31. If the amo<br>income amount mo | ount of your monthly incomore than once. For examp                | ne varied during<br>le, if both |
|                  |   |                             |                                     | Colu              | mn A<br>or 1                            | Column B Debtor 2 or non-filing spouse                            |                                 |
|                  | Your gross wages, salary, tips, bonuses, overtime, and co payroll deductions).  | mmissio                     | ons (before all                     | \$                | 4,592.51                                | \$  |                                 |
|                  | <b>Alimony and maintenance payments.</b> Do not include payme Column B is filled in.  |                             | ·                                   | \$                | 0.00                                    | \$  |                                 |
|                  | All amounts from any source which are regularly paid for I of you or your dependents, including child support. Include from an unmarried partner, members of your household, your of and roommates. Include regular contributions from a spouse of filled in. Do not include payments you listed on line 3.             | e regular<br>depender       | contributions<br>nts, parents,      | \$                | 0.00                                    | \$  |                                 |
| 5.               | Net income from operating a business, profession, or farm   |                             |                                     |                   |   |   |                                 |
|                  |   |                             | otor 1                              |                   |   |   |                                 |
|                  | Gross receipts (before all deductions) \$   | 0.00                        |                                     |                   |   |   |                                 |
|                  | Ordinary and necessary operating expenses -\$   | 0.00                        |                                     | •                 | 0.00                                    | •   |                                 |
|                  | Net monthly income from a business, profession, or farm \$  | 0.00                        | Copy here ->                        | <b>&gt;</b>       | 0.00                                    | \$  |                                 |
| 6.               | Net income from rental and other real property  | Doh                         | otor 1                              |                   |   |   |                                 |
|                  | Gross receipts (hefore all deductions)  | 0.00                        | itor i                              |                   |   |   |                                 |
|                  |   | 0.00                        |                                     |                   |   |   |                                 |
|                  | Ordinary and necessary operating expenses   |                             | Copy here ->                        | \$                | 0.00                                    | \$  |                                 |
|                  |   |                             | Jopy Hole ->                        |                   | 0.00                                    | \$  |                                 |
| 7.               | Interest, dividends, and royalties  |                             |                                     | \$                | 0.00                                    | *   |                                 |

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Debtor 1 Ronald Wells Case number (if known)

|      |   | Column A Debtor 1       | Column B Debtor 2 or non-filing spouse           |
|------|---|-------------------------|--|
| 8.   | Unemployment compensation   | \$ 0.00                 | \$   |
|      | Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:  For you  \$ 0.00   | er                      |  |
|      | For you \$ 0.00 For your spouse \$  |                         |  |
|      | Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retire pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title. | d<br>\$0.00             | _ \$   |
| 10.  | Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation pension, pay, annuity, or allowance paid by th United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below  | e                       |  |
|      | . Help from family  | \$ 300.00               | <del>-                                    </del> |
|      | Soical Secuirty Daughter  | \$ 718.00               | <del>- '</del>                                   |
|      | Total amounts from separate pages, if any.  | • \$ <u>0.00</u>        |  |
| 11.  | cash colainn. Then add the total for colainn X to the total for colainn B.  | <b>+</b> \$ _           | Total current monthly income                     |
| 12   | Calculate your current monthly income for the year. Follow these steps:   |                         |  |
| 12.  | 12a. Copy your total current monthly income from line 11  | Copy line 1             | \$ 5,610.51                                      |
|      | Multiply by 12 (the number of months in a year)   |                         | x 12   |
|      | 12b. The result is your annual income for this part of the form   |                         | 12b. \\$ 67,326.12                               |
| 13.  | Calculate the median family income that applies to you. Follow these steps:   |                         |  |
|      | Fill in the state in which you live.  |                         |  |
|      | Fill in the number of people in your household.   |                         |  |
|      | Fill in the median family income for your state and size of household.  To find a list of applicable median income amounts, go online using the link specified for this form. This list may also be available at the bankruptcy clerk's office.   | d in the separate instr | \$ 99,955.00 uctions                             |
| 14.  | How do the lines compare?   |                         |  |
|      | 14a. Line 12b is less than or equal to line 13. On the top of page 1, check be Go to Part 3. Do NOT fill out or file Official Form 122A-2.  |                         |  |
|      | 14b. Line 12b is more than line 13. On the top of page 1, check box 2, <i>The p</i> . Go to Part 3 and fill out Form 122A–2.  | presumption of abuse i  | is determined by Form 122A-2.                    |
| Part |   |                         |  |
|      | By signing here, I declare under penalty of perjury that the information on this s  | statement and in any a  | attachments is true and correct.                 |
|      | X /s/ Ronald Wells Ronald Wells   |                         |  |
|      | Signature of Debtor 1  Date March 5, 2025  MM/DD / YYYY   |                         |  |

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| Debtor 1 | Ronald Wells   | Case number (if known) |  |
|----------|--|------------------------|--|
|          | If you checked line 14a, do NOT fill out or file Form 122A-2.            |                        |  |
|          | If you checked line 14b, fill out Form 122A-2 and file it with this form | ı.                     |  |

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$78       | administrative fee |
| + \$15     | trustee surcharge  |
| \$338      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee \$571 administrative fee

\$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$78  | administrative fee |
|   | \$278 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$78  | administrative fee |
|   | \$313 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses">http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses</a>.

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/services-forms/bankruptcy/cre">http://www.uscourts.gov/services-forms/bankruptcy/cre</a> dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 25-12426-VFP Doc 1 Filed 03/10/25 Entered 03/10/25 09:09:30 Desc Main Document Page 49 of 52

B2030 (Form 2030) (12/15)

# **United States Bankruptcy Court**District of New Jersey

| In re | e Ronald Wells  |   | Case No.          |                                     |
|-------|---|---|-------------------|-------------------------------------|
|       |   | Debtor(s)   | Chapter           | 7                                   |
|       | DISCLOSURE OF CO  | OMPENSATION OF ATTORN   | EY FOR DE         | EBTOR(S)                            |
| 1.    | Pursuant to 11 U.S.C. § 329(a) and Fed. Bank compensation paid to me within one year befo be rendered on behalf of the debtor(s) in conte   | re the filing of the petition in bankruptcy, or a                                       | agreed to be paid | to me, for services rendered or to  |
|       | For legal services, I have agreed to accep  | t   | \$                | 1,750.00                            |
|       | Prior to the filing of this statement I have  | received  | \$                | 1,750.00                            |
|       |   |   | \$                | 0.00                                |
| 2.    | \$338.00 of the filing fee has bee  | n paid.   |                   |                                     |
| 3.    | The source of the compensation paid to me wa  | is:   |                   |                                     |
|       | ■ Debtor □ Other (specify):   |   |                   |                                     |
| 4.    | The source of compensation to be paid to me i   | s:  |                   |                                     |
|       | ■ Debtor □ Other (specify):   |   |                   |                                     |
| 5.    | ■ I have not agreed to share the above-discle   | osed compensation with any other person unle  | ess they are mem  | bers and associates of my law firm. |
|       | ☐ I have agreed to share the above-disclosed copy of the agreement, together with a list  | compensation with a person or persons who of the names of the people sharing in the con |                   |                                     |
| 6.    | In return for the above-disclosed fee, I have as  | greed to render legal service for all aspects of  | the bankruptcy of | ease, including:                    |
|       | <ul><li>a. Analysis of the debtor's financial situation,</li><li>b. Preparation and filing of any petition, sche</li><li>c. Representation of the debtor at the meeting</li><li>d. [Other provisions as needed]</li></ul> | dules, statement of affairs and plan which ma   | y be required;    |                                     |
| 7.    | By agreement with the debtor(s), the above-dis  | sclosed fee does not include the following ser  | vice:             |                                     |
|       |   | CERTIFICATION   |                   |                                     |
|       | I certify that the foregoing is a complete stater bankruptcy proceeding.  | nent of any agreement or arrangement for pay  | ment to me for r  | epresentation of the debtor(s) in   |
| l N   | March 5, 2025   | /s/ Russell L. L  | OW                |                                     |
| _     | Date  | Russell L. Low 4  |                   |                                     |
|       |   | Signature of Attorney   |                   |                                     |
|       |   | Low and Low<br>505 Main Street  |                   |                                     |
|       |   | Hackensack, NJ 0  | 7601              |                                     |
|       |   | 201-343-4040 Fax  |                   | 788                                 |

Rbear611@AOL.com

Name of law firm

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### United States Bankruptcy Court District of New Jersey

| ı re | Ronald Wells                     |   | Case No.            |                       |
|------|----------------------------------|---|---------------------|-----------------------|
|      |                                  | Debtor(s)   | Chapter             | 7                     |
|      |                                  |   |                     |                       |
|      | VER                              | RIFICATION OF CREDITOR                            | MATRIX              |                       |
|      |                                  |   |                     |                       |
| ab   | ove-named Debtor hereby verifies | s that the attached list of creditors is true and | correct to the best | of his/her knowledge. |
|      |                                  |   |                     |                       |
|      |                                  |   |                     |                       |
| e:   | March 5, 2025                    | /s/ Ronald Wells                                  |                     |                       |
| ıte: | March 5, 2025                    | /s/ Ronald Wells Ronald Wells                     |                     |                       |

BANK OF AMERICA ATTN: BANKRUPTCY 4909 SAVARESE CIRCLE TAMPA, FL 33634

BETHPAGE FCU ATTN: BANKRUPTCY DEPARTMENT 899 S. OYSTER BAY ROAD BETHPAGE, NY 11714

CAPITAL ONE ATTN: BANKRUPTCY PO BOX 30285 SALT LAKE CITY, UT 84130

CAPITAL ONE ATTN: BANKRUPTCY PO BOX 30285 SALT LAKE CITY, UT 84130

CAPITAL ONE ATTN: BANKRUPTCY PO BOX 30285 SALT LAKE CITY, UT 84130

COMENITY BANK/OVERSTOCK ATTN: BANKRUPTCY PO BOX 182125 COLUMBUS, OH 43218

DEPT OF EDUCATION/NELN PO BOX 82561 LINCOLN, NE 68501

DEPT OF EDUCATION/NELN PO BOX 82561 LINCOLN, NE 68501

DEPT OF EDUCATION/NELN PO BOX 82561 LINCOLN, NE 68501

DEPT OF EDUCATION/NELN PO BOX 82561 LINCOLN, NE 68501

GOLDMAN SACHS BANK USA ATTN: BANKRUPTCY LOCKBOX 6112, PO BOX7247 PHILADELPHIA, PA 19170

JPMCB
MAILCODE LA4-7100
700 KANSAS LANE
MONROE, LA 71203

NELNET ATTN: CLAIMS PO BOX 82505 LINCOLN, NE 68501

SYNCHRONY BANK/AMAZON ATTN: BANKRUPTCY PO BOX 965060 ORLANDO, FL 32896

SYNCHRONY BANK/GAP ATTN: BANKRUPTCY PO BOX 965060 ORLANDO, FL 32896

SYNCHRONY/PAYPAL CREDIT ATTN: BANKRUPTCY PO BOX 965064 ORLANDO, FL 32896

TD BANK/RAYMOUR & FLANIGAN ATTN: BANKRUPTCY 1701 RT. 70 EAST CHERRY HILL, NJ 08003

VERIZON VERIZON WIRELESS BK ADMIN 500 TECHNOLOGY DR STE 550 WELDON SPRINGS, MO 63304

WALMART CREDIT SERVICES/CAPITAL ONE ATTN: BANKRUPTCY PO BOX 30285 SALT LAKE CITY, UT 84130